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**2005 / 2006 New Hampshire  
Healthy Kids Program Evaluation**

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Submitted to:

**New Hampshire Healthy Kids**

25 Hall Street  
Suite 303  
Concord, NH 03501

Submitted by:

**RKM Research and Communications, Inc.**

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## **Background and Executive Summary**

### **Background**

The New Hampshire Healthy Kids (NHHK) Corporation provides publicly subsidized health insurance for children under the age of 19. NHHK has various levels of eligibility and encompasses the Medicaid program, known as Healthy Kids Gold, and expanded coverage through the State Children's Health Insurance program (SCHIP), known as Healthy Kids Silver. The Silver program has two premium levels determined by family income.

The NHHK Corporation was created in 1993 by legislative act to increase the number of children with health insurance, to increase their access to health care and to improve health outcomes for eligible children. NHHK is funded through the federal government, the state government, the Healthy New Hampshire Foundation and parents' premiums. Additional private grants and insurer and provider discounts also help to support the program. State eligibility workers are located within the NHHK program office, which serves as the mail-in application and enrollment center. Healthy Kids program staff and State employees work together to provide services to clients.

The current study was commissioned by NHHK to evaluate the Healthy Kids Gold and Silver programs. NHHK also provides unsubsidized insurance for children whose families do not meet the income criteria for the Healthy Kids Gold or Healthy Kids Silver benefits. This program and other corporate activities are not included in the evaluation.

RKM Research and Communications, Inc. conducted the evaluation in 2006, using a computer-assisted telephone interviewing (CATI) system. The survey included nearly 2000 families who either enrolled in the program or expressed interest in the program but did not enroll. The overall purpose of the evaluation is to determine the quality of enrollees' experiences with the Healthy Kids program and to identify potential barriers to participation among those who did not enroll. RKM focused on three distinct groups, including new enrollees, established enrollees and non-participating families. The evaluation included assessments of the application, enrollment and renewal processes and access to health care services.

While the report breaks down evaluation results by process steps (initial contact, application, enrollment, eligibility review and disenrollment), the following summary profiles the experiences of new and established enrollees as well as those who do not participate in the program.

## **Executive Summary**

NHHK provides access to medical care for enrolled children and ensures that they receive the preventive and specialty care that they require to stay healthy. Participant satisfaction rates with program information, program communications and administrative processes are high. The Healthy Kids program also appears to be a transitional program, with over one-third of enrolled families leaving the program because they secure private insurance.

## **Family Profile**

Among non-participating families, 39 percent do not have any type of health insurance for their children. Many families that are not enrolled in the Healthy Kids program reported income and household information that would make them eligible for the program.

An analysis of surveyed families suggests that:

- 1 The program is effectively administered, leading to widespread participant satisfaction.
- 2 Those children who are enrolled in the Healthy Kids program enjoy greater access to medical care than eligible children who are not enrolled.
- 3 Major barriers preventing families from obtaining health insurance include an inability to obtain documentation necessary for enrollment and the cost of coverage.
- 4 In general, families do not use the Healthy Kids program as a permanent insurance. Rather, it provides temporary coverage for families in transition.

The research shows that a typical family applies for coverage through the Healthy Kids program after their primary source of health insurance is interrupted by a change in a parent's employment status. Such a change disrupts a family's ability to enroll in or afford an individual or employer-based plan. Over one-third of participating families (38%) disenroll from the Healthy Kids program once they have access to another health plan, while many other families leave the program after becoming ineligible based on age or an increase in income (31%) or after failing to return needed paperwork (15%).

### **Findings: Established Enrollees**

The evaluation shows that the Healthy Kids program is meeting its mission in regard to improving access to care, as access to medical care among established enrollees is widespread and nearly universal. Virtually all established enrollees noted that their children have a place to go when they need medical care, and less than 10 percent mentioned that they needed, but failed to obtain, specific services such as care for an illness or injury, specialty care, surgery, mental health care or prescription drugs. Notably, uninsured, non-participating families are nearly four times more likely to have failed to obtain needed care in the past 12 months than families that have been enrolled in Healthy Kids for at least one year.

Moreover, when compared to uninsured, non-participating families, Healthy Kids participants are more confident that they can obtain the care they need and more satisfied with the care that they receive. In addition, the vast majority of established enrollees described the annual eligibility redetermination process as somewhat or very convenient.

As noted above, the results also show that the Healthy Kids program is generally not a particularly long-term source of insurance for most participants. Rather, the Healthy Kids Silver and Healthy Kids Gold programs provide a temporary safety net for at-risk families in between other coverage options. That is to say, prior to enrolling in Healthy Kids, most families have some type of health insurance for their children, although it is important to note that Healthy Kids Silver denies eligibility to any child who has been covered by insurance in the past six months unless good cause for cancellation of insurance can be established, such as parental job loss. After enrolling in Healthy Kids, around one-third disenroll once they are capable of obtaining an alternative source of health insurance. Other reasons for disenrollment include children becoming ineligible and incomplete paperwork.

### **Findings: New Enrollees**

Analysis of the experiences of new enrollees – families that have participated in the Healthy Kids program for, at most, six months – focused primarily on initial family interactions with the program. The majority of new enrollees reported that they learned of the program through family or friends, providers, DHHS or schools. They also reported receiving materials for enrollment that did a good job explaining how the program works. New enrollees also reported that they had little problem completing the application process.

Around two-thirds of new enrollees received communications regarding the status of their application in the intervening weeks between applying and enrollment. Also, over three-fourths of families enrolled in the program in less than four weeks, with a substantial portion being notified of enrollment within two weeks.

About one-half of new enrollees reported that they communicated with NHHK staff after enrolling. A majority of families expressed satisfaction with their interaction with staff. Silver participants noted a slightly higher level of satisfaction than Healthy Kids Gold members. It is important to note that both DHHS – Division of Family Assistance staff and NHHK program staff are co-located at NHHK Central Office.

### **Findings: Non-Participants**

Understanding the experiences of families who chose not to participate is an essential component of continued efforts to improve access to, and the quality of, the Healthy Kids program. The research shows that a substantial portion of non-participants noted that their children are uninsured. Among this group of uninsured families, the majority reported that they cannot afford premium costs of any available insurance product. Many also mentioned that they do not receive health insurance from their employer.

Important objectives of the non-participant research include discerning why families do not complete the process and assessing the impact of nonparticipation on children who continue to be uninsured. A key finding is that uninsured, non-participating families are nearly four times more likely to have failed to obtain needed care in the past 12 months than families that have been enrolled in the Healthy Kids program for at least one year.

When examining non-participating families, the study differentiates between those who requested program information (“prospects”), those who did not provide enough information to complete the process (“closed”) and those who were determined eligible but chose not to enroll or whose status changed during their recent renewal causing their enrollment to lapse (“declines”). It is important to note that all prospects, closed and declines are considered *Healthy Kids Silver* participants. Those who did not complete the application or enrollment process most frequently stated that they believed that they were not eligible. They also reported that they did not have time to complete the application or that they became insured through another plan.

Producing required documents was also cited as a reason for not pursuing coverage. Pay stubs and other income verification documents were characterized as particularly difficult to produce, along with birth certificates, tax information and social security cards.

## Methodological Preface

The results of this report are based on a telephone survey commissioned by NHHK. The survey was administered by RKM Research and Communications, Inc., January 18 – June 2, 2006. Two groups were included in the research, described below. Where applicable, results are compared over time, based on research conducted in Fall 2003. Identical definitions of comparison groups were employed, making the results for both studies comparable.

### 1 Non-Participating Families

Non-participating families are defined as respondents who requested information about the Healthy Kids program, but who never enrolled. All non-participating families are considered *Healthy Kids Silver* participants. A total of 584 non-participating families were interviewed. Non-participating families fall into the following three categories:

- |                  |  |
|------------------|--|
| <i>Prospects</i> | Prospects are defined as non-participating respondents who inquired about the program, but who never filed an application.   |
| <i>Closed</i>    | Closed non-participating families applied to the Healthy Kids program, but did not provide enough documentation for the program to make an eligibility decision.   |
| <i>Declines</i>  | Declines are defined as non-participating families that filed an application and were found eligible for the Healthy Kids Silver program, but who never enrolled in the program or whose status changed during their recent renewal causing their enrollment to lapse. |

## 2 Participating Families

Families currently or previously enrolled in the Healthy Kids program are considered to be participating families. A total of 1,204 participating families were surveyed, divided into three groups:

<i>New Enrollees</i>	These families enrolled in the program within the past six months.
<i>Established Enrollees</i>	These families have participated in the program for 12 months or more.
<i>Disenrollees</i>	These families disenrolled from the program within the past six months.

A distinction is often made between families who are currently enrolled in the Healthy Kids program (established enrollees and new enrollees) and families who were previously enrolled in the program (disenrollees). New enrollees, established enrollees and disenrollees are each further subdivided based on their program benefits status; namely, as either *Healthy Kids Gold* or *Healthy Kids Silver* participants.

### Insurance Status:

A distinction is often made between families who are currently uninsured, families who were uninsured sometime prior to enrollment in the Healthy Kids program and families who have been uninsured sometime since leaving the program.

<i>Currently uninsured</i>	This term refers to families who were uninsured at the time that they participated in the Healthy Kids questionnaire.
<i>Uninsured before HK</i>	This term refers to families who were uninsured sometime before enrollment in the Healthy Kids program and may include established enrollees and new enrollees.
<i>Uninsured after HK</i>	This term refers to families who were uninsured sometime after leaving the Healthy Kids program and may include disenrollees.

**Summary of Respondents:**

	2003 (N = )	2005/2006 (N = )
<i>1 Non-Participating Families</i>		
Prospects Silver	220	204
Closed Silver	190	179
Declines Silver	195	201
<i>SUBTOTAL</i>	<i>605</i>	<i>584</i>
<i>2 Participating Families</i>		
New Enrollees Gold	200	201
New Enrollees Silver	200	200
Established Enrollees Gold	202	200
Established Enrollees Silver	201	201
Disenrollees Gold	200	202
Disenrollees Silver	200	200
<i>SUBTOTAL</i>	<i>1,203</i>	<i>1,204</i>
<b>TOTAL</b>	<b>1,808</b>	<b>1,788</b>

The following is a summary of some of the study's primary objectives:

- 1 To understand the experiences of respondents who expressed interest in the Healthy Kids program, but who never enrolled, and to identify the barriers which discourage enrollment.
- 2 To assess the experiences of participating families during the application, enrollment and renewal processes.
- 3 To assess the ability of participating and non-participating families to access healthcare services.

The survey was administered using a computer-assisted telephone interviewing (CATI) system. The CATI system allows data to be entered directly into a computerized database as interviews are conducted, providing a highly reliable system of data collection. A central polling facility in Portsmouth, New Hampshire was used to administer the survey. All interviews were conducted by paid, trained and professionally supervised interviewers.

The maximum sampling margin of error for a survey of 200, 201, 202 or 204 respondents is +/- 6.9 percent. That means, in theory, in 19 times out of 20, the results found in the sample will differ by no more than plus or minus 6.9 percentage points from what would be obtained by interviewing all of the individuals in the population under investigation (for example, all Healthy Kids Gold new enrollees in the State). The maximum margin of error for a survey of 179 respondents is +/- 7.3 percent.

The maximum margin of error for the survey of all 584 non-participating families is +/- 4.1 percent, and the maximum margin of error for the survey of all 1,204 participating families is +/- 2.8 percent.

In addition to sampling error, the practical difficulties of conducting any survey of public opinion will introduce other sources of error into the poll.

The results presented in this report include univariate and bivariate analyses of the data. Frequency distributions for each item included on the questionnaire are shown in the tables. In all cases, crosstabulation results are also shown. This type of bivariate analysis examines differences between subgroups of the overall population.

In cases where crosstabulation results are presented, a *chi-square* test, an *independent t-test for means*, or a *Z-test for independent percentages* is shown. A *chi-square* test is used in cases where comparisons are made for categorical variables. A *t-test* is used in cases where comparisons are made for measurement variables. A *Z-test* is used in cases where comparisons are made between independent population percentages.

The purpose of these statistical tests is to determine whether or not the observed difference between subgroups in the sample is due to sampling error or whether it is due to a real difference in the population. When the results are statistically significant, it strongly suggests that the observed difference between subgroups found in the sample is due to a real difference in the population, and not due to sampling error.

A *chi-square* significance level of .05 indicates significance at the 95 percent level. In other words, it is 95 percent likely that the results are due to a real difference between comparison subgroups. A *chi-square* significance level of .01 indicates significance at the 99 percent level. When a *t-test* or a *Z-test* is shown, lower- and upper-case letters indicate significance at the 90 and 95 percent levels respectively.

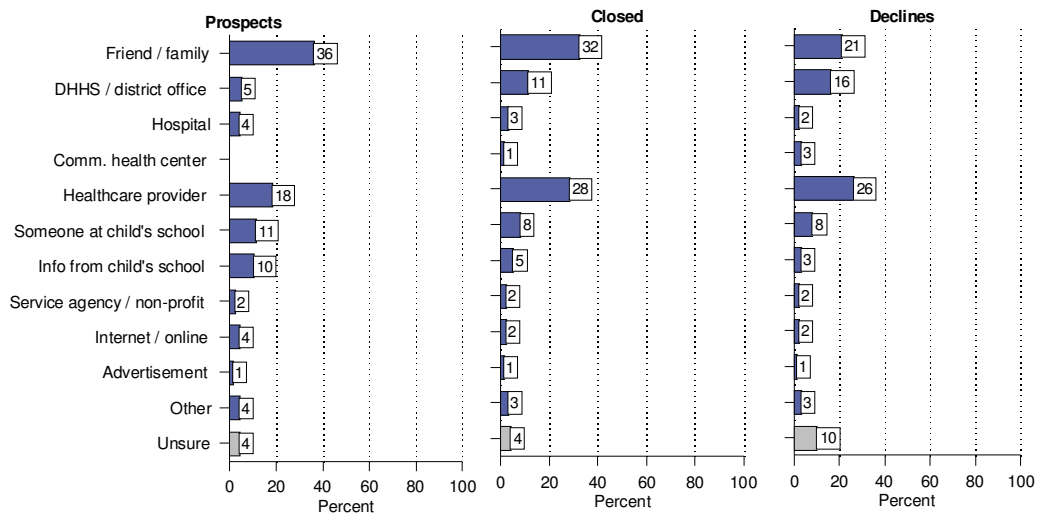
## Learning about the Program

**Families learn about the program from a variety of sources, including friends and family and healthcare providers.**

Non-participating families and new enrollees were asked how they found out about the Healthy Kids program. Responses indicate that most respondents learn about the program from two sources: *Friends or family members* or a *healthcare provider*. Many respondents also mentioned the *Department of Health and Human Services or the District Office*.

### How did you first learn about the Healthy Kids program?

[Among: non-participants | total mentioned]

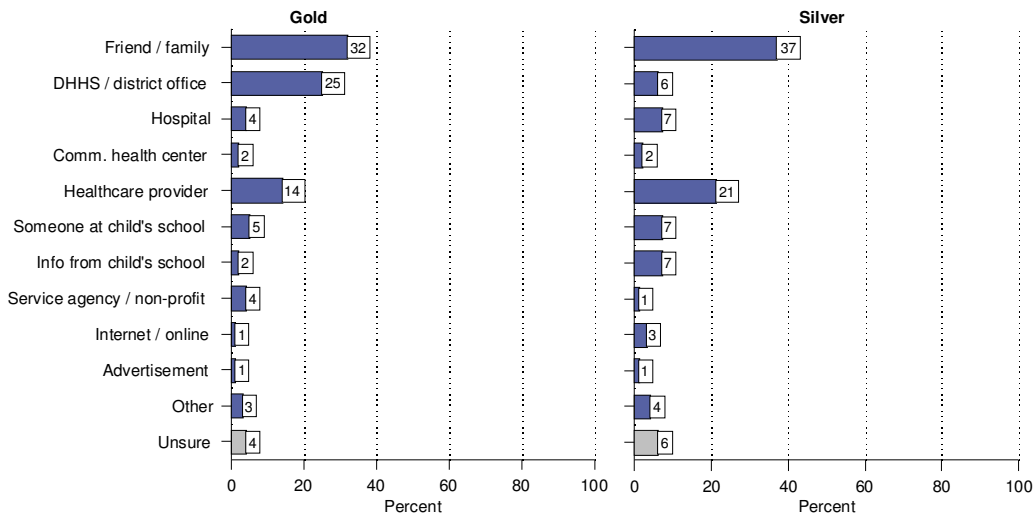


**Responses indicate that sources differ slightly between Gold and Silver new enrollees.**

Similar to non-participating families, most Silver new enrollees learn about the program from two sources: *Friends or family members* (37%) or a *healthcare provider* (21%). Many Gold new enrollees learn about the program through *friends or family members* (32%), but more Gold new enrollees (25%) than Silver new enrollees (6%) learn about the program from the *Department of Health and Human Services or the District Office*. Notably, Silver new enrollees are more likely to learn about the program through *sources at their child's school* (14%) than the *Department of Health and Human Services or the District Office* (6%).

**How did you first learn about the Healthy Kids program?**

[Among: new enrollees | total mentioned | compared by eligibility]



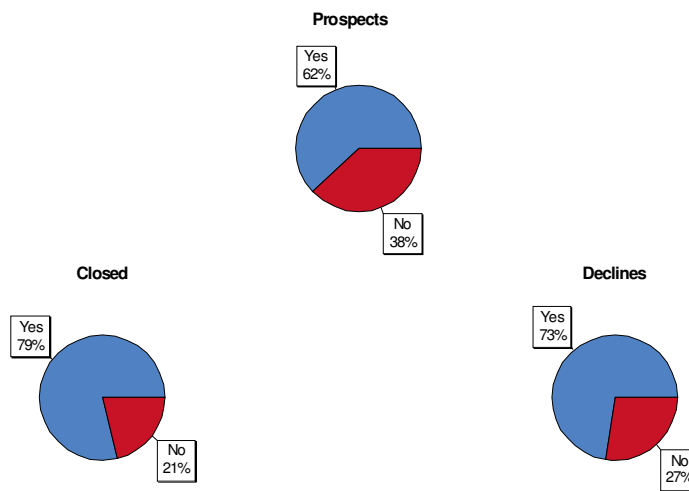
**The majority of non-participating families received helpful materials in the mail about the Healthy Kids program.**

Non-participating families were asked if they received any materials in the mail about the Healthy Kids program. The majority of prospects (62%), closed (79%) and declines (73%) received materials about the Healthy Kids program.

In addition, non-participating families who received materials were asked how well the materials explained how the program works. The majority of prospects (86%), closed (88%) and declines (83%) said that the materials did an *excellent* or *good* job.

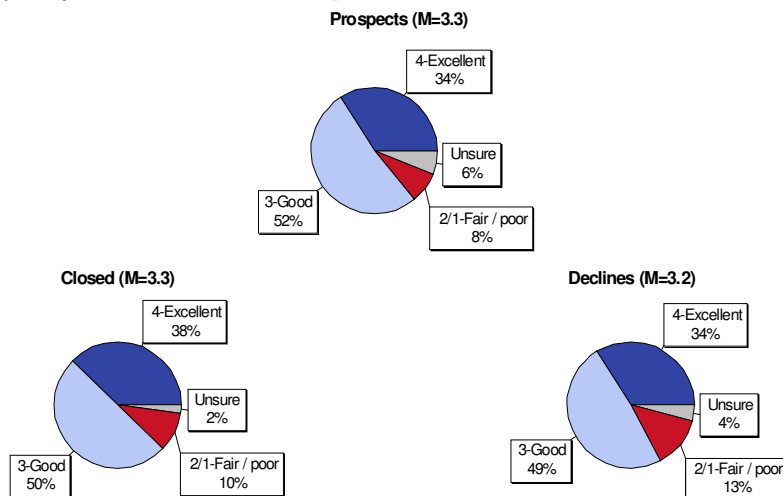
**Did you receive any materials in the mail?**

[Among: non-participants]



**How well did the materials explain how the Healthy Kids program works?**

[Among: non-participants who received materials]



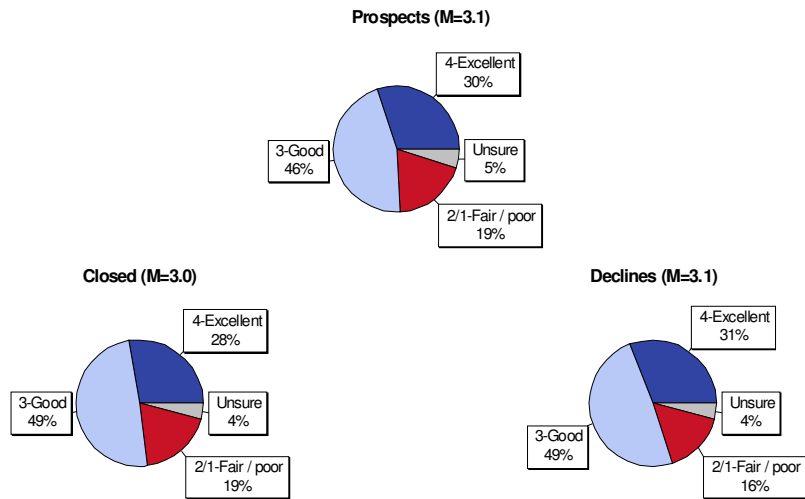
**Overall, non-participating families indicated that the information they received explained the program's eligibility requirements and application procedures well.**

Non-participating families who received materials were asked how well the materials explained eligibility requirements. The majority of prospects (76%), closed (77%) and declines (80%) said that the materials did an *excellent* or *good* job.

Non-participating families who received materials were also asked how well the materials explained application procedures. Again, the majority of prospects (74%), closed (78%) and declines (88%) said that the materials did an *excellent* or *good* job.

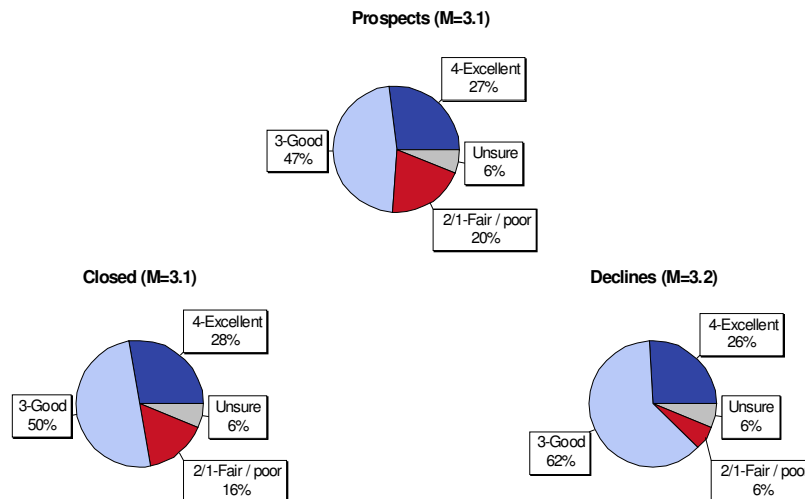
**How well did the materials explain whether or not your children are eligible to participate?**

[Among: non-participants who received materials]



**How well did the materials explain how to apply for coverage through the program?**

[Among: non-participants who received materials]



## The Application and Enrollment Process

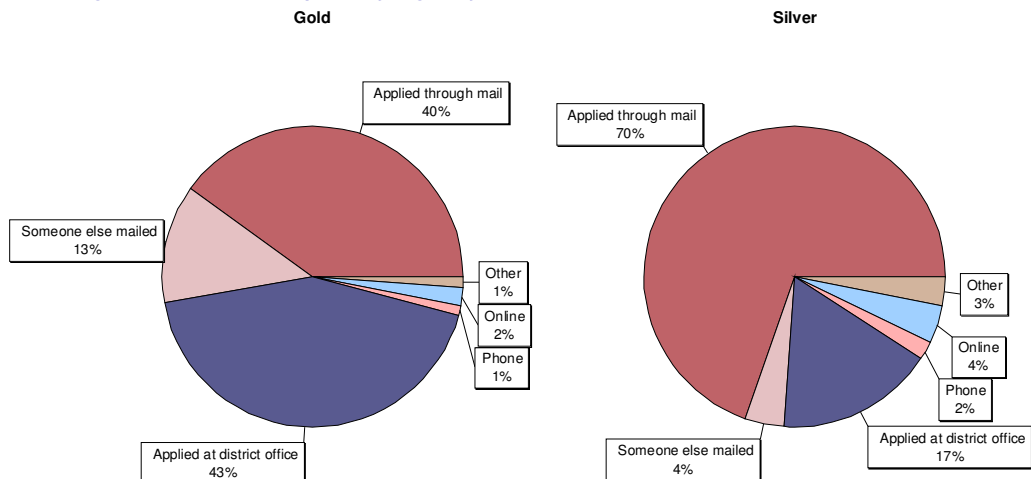
**Healthy Kids Gold families are more likely than Healthy Kids Silver families to apply at one of the District Offices.**

New enrollees were asked how they applied to the Healthy Kids program. Forty-three percent of Healthy Kids Gold new enrollees *applied at the district office*, compared to 17 percent of Silver new enrollees. The majority of Silver new enrollees *applied through the mail* (70%). The same pattern is apparent in 2003.

These results are consistent with the finding that more Gold new enrollees than Silver new enrollees learn about the Healthy Kids program through the *Department of Health and Human Services or the District Office*.

### How did you first apply to the program?

[Among: new enrollees | compared by eligibility]



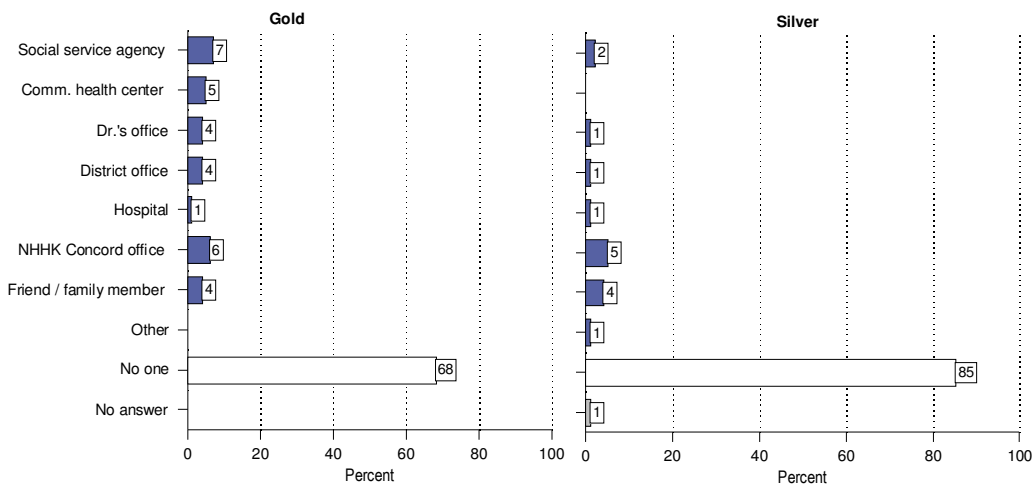
**Healthy Kids Gold participants are about two times as likely to have received help with their application.**

New enrollees were asked if they received help filling out or completing their application. Thirty-one percent of Gold participants received help, compared to only 15 percent of Silver participants. However, both Gold and Silver participants indicated that they were assisted by a variety of sources.

In 2003, 31 percent of Gold participants and 17 percent of Silver participants said that they received help with their application.

**Did anyone help you fill out or complete your application?**

[Among: new enrollees | compared by eligibility]

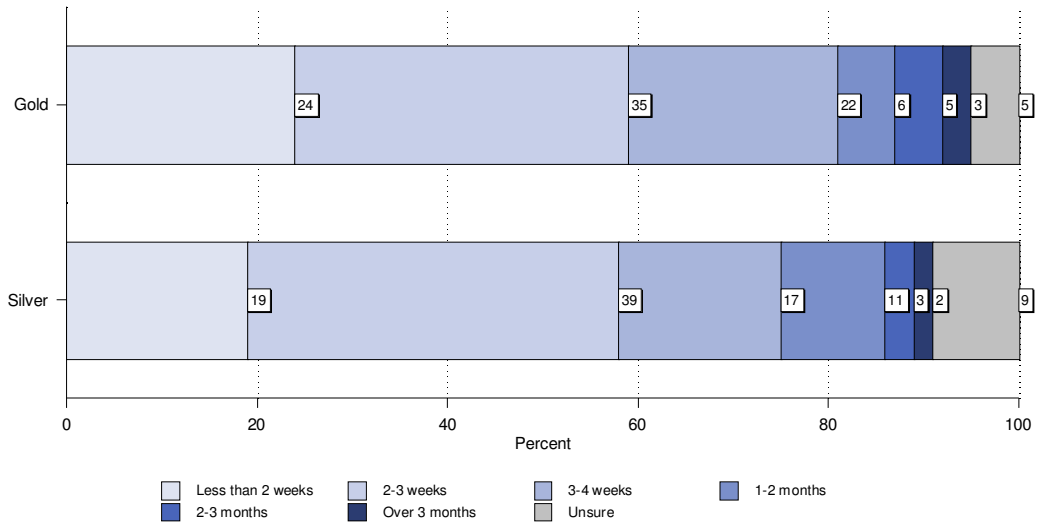


**Nearly all new enrollees were notified of their eligibility within a month of applying for coverage.**

The majority of new enrollees indicated that they were notified of their eligibility within a month of applying. Nearly one-fourth of Gold participants (24%) and nearly one-fifth of Silver participants (19%) indicated that they were notified of their eligibility in *less than two weeks*.

**How long did it take form the time you submitted an application until you were notified?**

[Among: new enrollees | compared by eligibility]

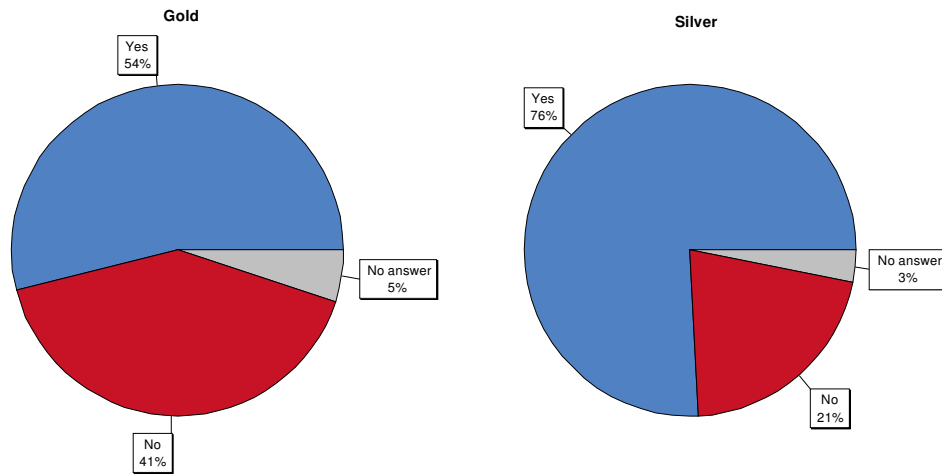


**Participants who were notified of their eligibility status quickly are more likely to indicate that they were kept informed about their children's application status.**

During the application process, 54 percent of Gold participants and 76 percent of Silver participants indicated that they were kept informed about the status of their children's application. Participants who were notified of their eligibility in a timely manner are more likely to indicate that they were kept informed.

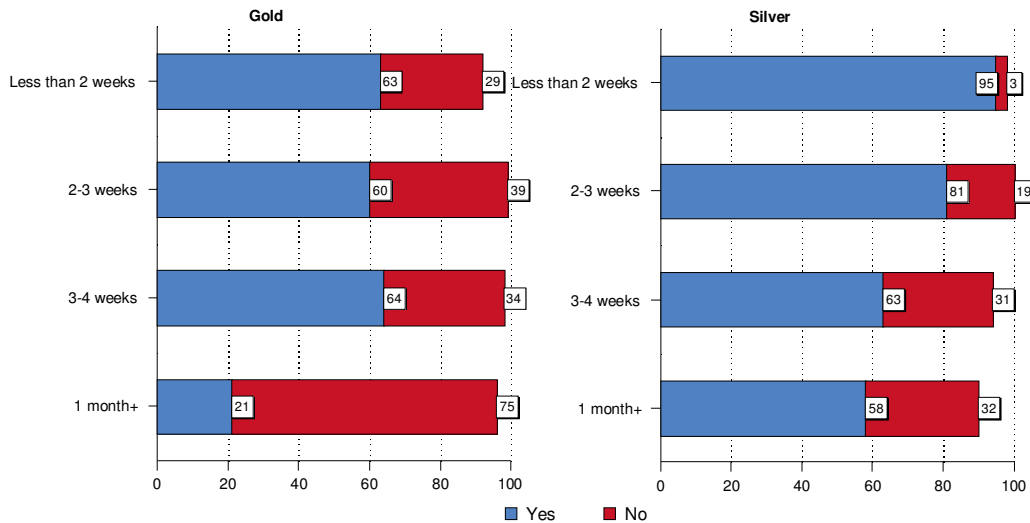
**Were you kept informed about the status of your children's application?**

[Among: new enrollees | compared by eligibility]



**Were you kept informed about the status of your children's application?**

[Among: new enrollees | compared by eligibility | compared by time to be notified]



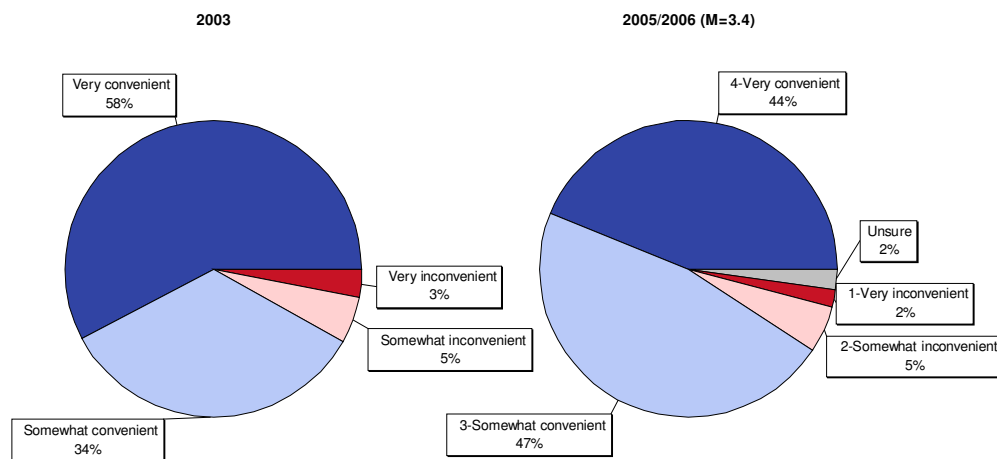
**Most new enrollees described the overall application process as convenient.**

Ninety-one percent of Gold participants described the application process as *somewhat* (47%) or *very* (44%) *convenient*, and 92 percent of Silver participants described it as *somewhat* (45%) or *very* (47%) *convenient*. Few new enrollees said that the process was *inconvenient*.

In 2003, 92 percent of Gold new enrollees and 89 percent of Silver new enrollees described the overall application process as *convenient*.

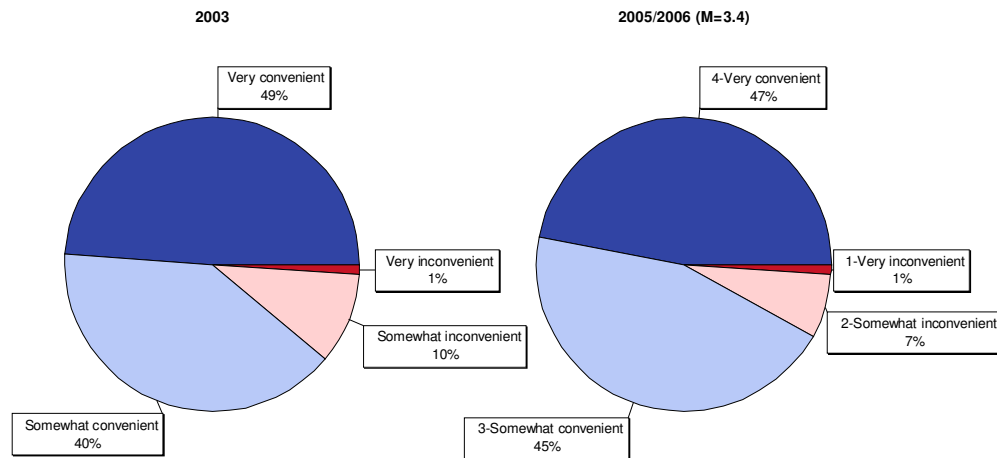
**How would you describe the overall application process?**

[Among: Gold new enrollees | compared over time]



**How would you describe the overall application process?**

[Among: Silver new enrollees | compared over time]

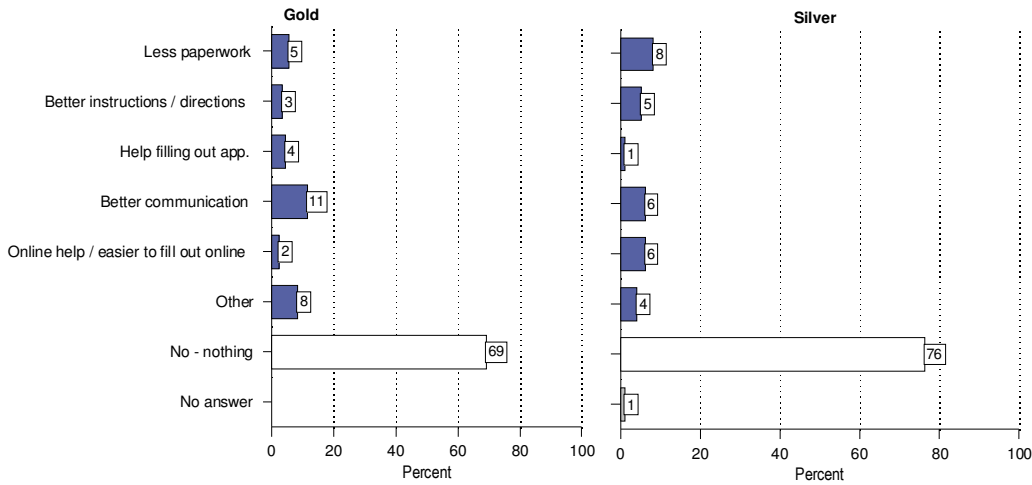


**A few new enrollees said that the application process could be improved, indicating a need for better communication and less paperwork.**

While the majority of new enrollees said that the application process could not be improved, a minority cited specific changes that could be made to improve the process. Specifically, participants mentioned a need for *better or increased communication with NHHK staff* and *less paperwork*. It is important to note that both DHHS – Division of Family Assistance staff and NHHK program staff are co-located at NHHK Central Office.

**Is there anything that would improve the application process?**

[Among: new enrollees | total mentioned | compared by eligibility]



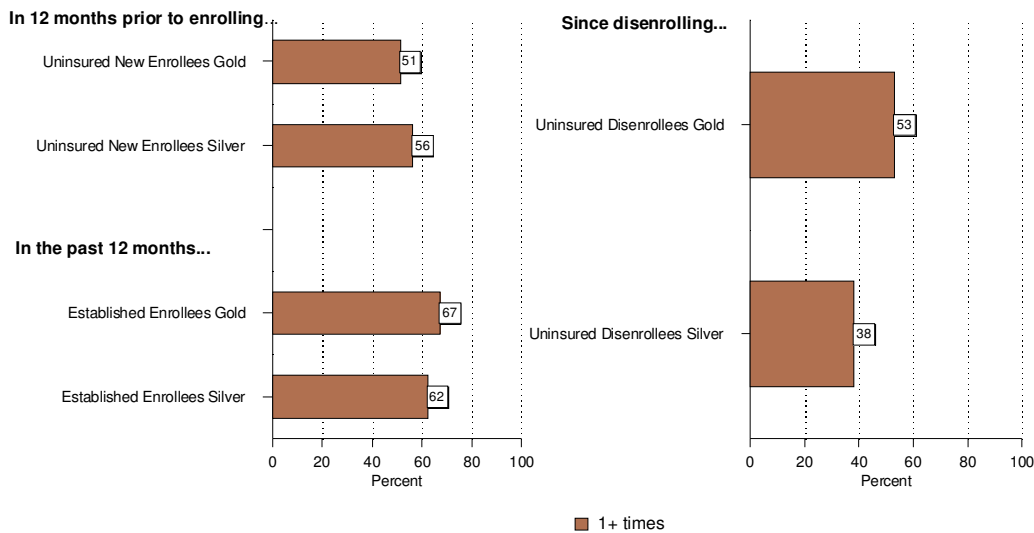
## NHHK Coverage

**Less than one-half of currently uninsured Silver disenrollees said that their youngest child has visited a doctor since leaving the Healthy Kids program.**

Respondents were asked the number of times their youngest child visited a doctor in the past 12 months (uninsured non-participating families and established enrollees), in the 12 months prior to enrollment in the Healthy Kids program (new enrollees) or since leaving the Healthy Kids program (disenrollees). Most uninsured prospects (70%), closed (65%) and declines (71%) indicated that their youngest child has visited a doctor at least once in the past year. Sixty-seven percent of Gold established enrollees and 62 percent of Silver established enrollees indicated that their youngest child has visited a doctor at least one time in the past year. Around one-half of Gold new enrollees (51%) and 56 percent of Silver new enrollees who were uninsured in the 12 months prior to enrollment in the Healthy Kids program said that their youngest child visited a doctor during that time period. Fifty-three percent of uninsured Gold disenrollees and 38 percent of uninsured Silver disenrollees indicated that their youngest child has visited a doctor since disenrollment.

### ... how many times did your youngest child visit a doctor?

[Among: participants and disenrollees]

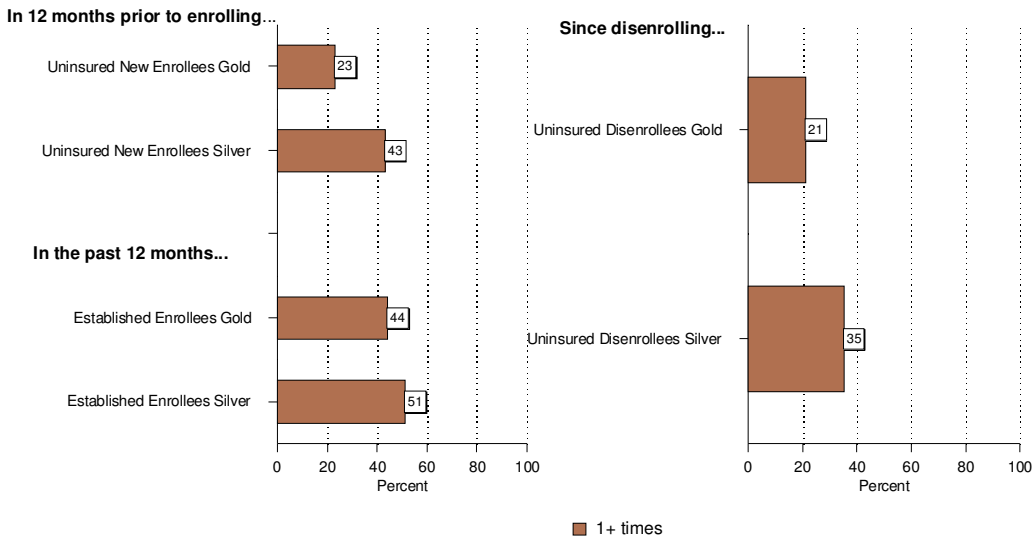


**Around one-fifth of uninsured Gold disenrollees indicated that their children have received dental care since disenrollment from the Healthy Kids program.**

Respondents were asked the number of times their youngest child visited a dentist in the past 12 months (uninsured non-participating families and established enrollees), in the 12 months prior to enrollment in the Healthy Kids program (new enrollees) or since leaving the Healthy Kids program (disenrollees). Forty-four percent of prospects, 26 percent of closed and 44 percent of declines indicated that their youngest child has visited a dentist at least once in the past year. Forty-four percent of Gold established enrollees and 51 percent of Silver established enrollees indicated that their youngest child has visited a dentist at least one time in the past year. Around one-fourth of Gold new enrollees (23%) and 43 percent of Silver new enrollees who were uninsured in the 12 months prior to enrollment in the Healthy Kids program said that their youngest child visited a dentist during that time period. Twenty-one percent of uninsured Gold disenrollees and 35 percent of uninsured Silver disenrollees indicated that their youngest child has visited a dentist since disenrollment.

**... how many times did your youngest child visit a dentist?**

[Among: participants and disenrollees]

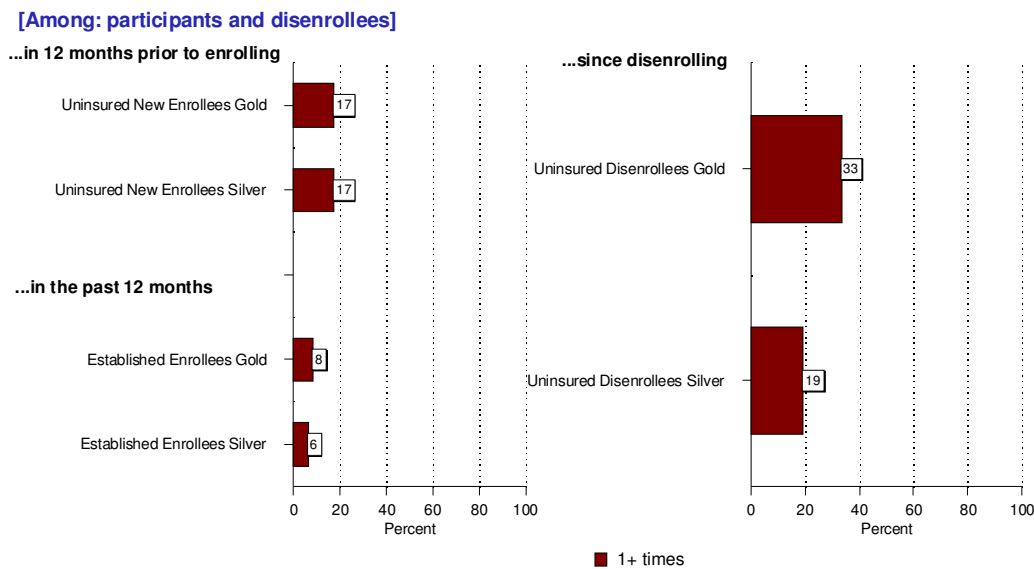


**Few established enrollees were unable to obtain needed care in the past year.**

Respondents were asked the number of times their children needed care, but did not, or could not, get care in the past 12 months (uninsured non-participating families and established enrollees), in the 12 months prior to enrollment in the Healthy Kids program (new enrollees) or since leaving the Healthy Kids program (disenrollees). Participation in the program appears to increase an uninsured child's access to care. Around one-fourth of uninsured prospects, closed and declines were unable to obtain needed care in the past year, compared to only eight percent of Gold established enrollees and six percent of Silver established enrollees. Uninsured non-participants are nearly four times as likely as established enrollees to indicate that they were unable to obtain needed care in the past year. Seventeen percent of Gold new enrollees and 17 percent of Silver new enrollees who were uninsured in the 12 months prior to enrollment in the program were unable to obtain needed care during that time period, and 33 percent of uninsured Gold disenrollees and 19 percent of uninsured Silver disenrollees were unable to obtain needed care since disenrollment.

Respondents who were unable to obtain care said that they were unable to obtain *Sick / illness / injury care from their primary doctor* or *preventive medical care* most often. Also, some established enrollees and new enrollees who were unable to obtain care mentioned that they were unable to obtain *dental care*.

**How many times did your children need care but did not, or could not, get care?**

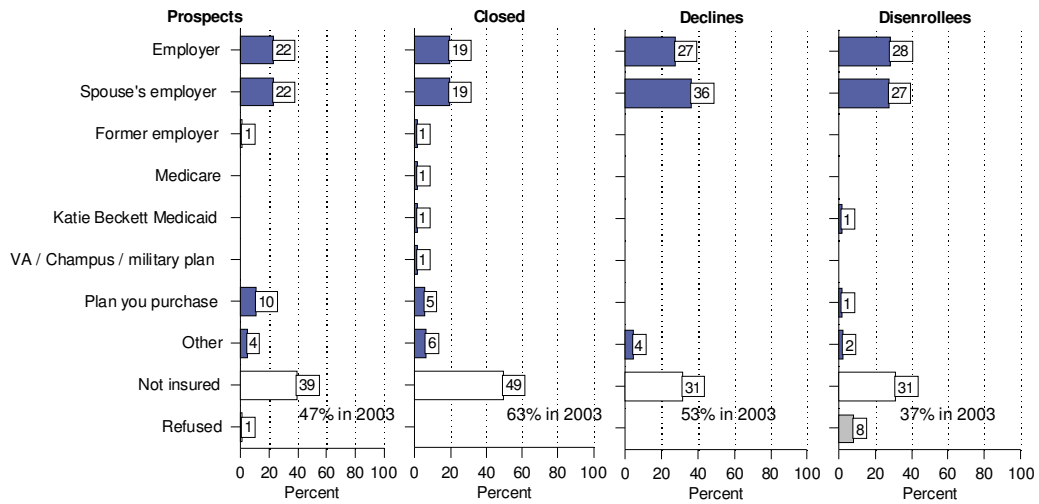


**Most insured non-participating families and disenrollees receive insurance through their employer or their spouse's employer.**

Non-participating families and disenrollees were asked to describe their children's current health insurance status. Many non-participating families and disenrollees are currently *uninsured*. Among respondents who are insured, most receive insurance through their *employer* or their *spouse's employer*.

**Which of the following best describes your children's current health insurance status?**

[Among: non-participating families and disenrollees]

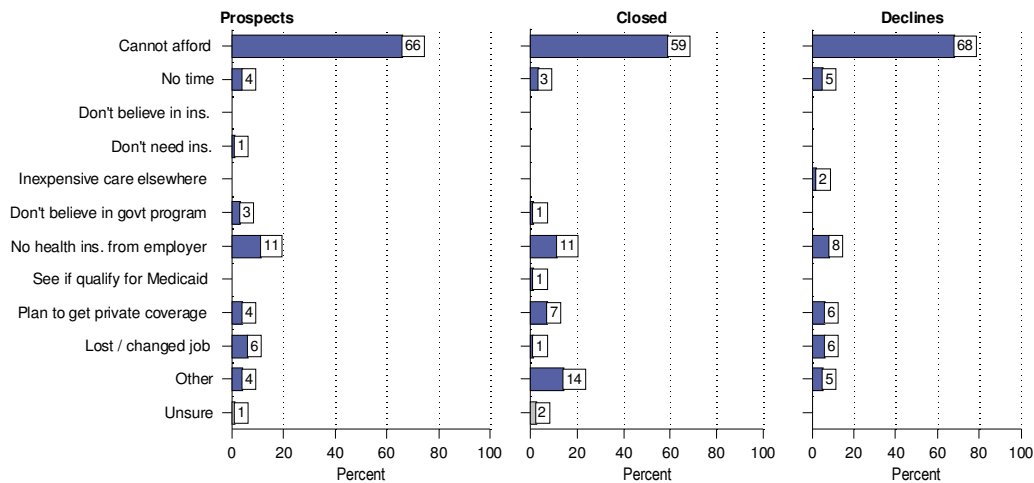


**Cost is mentioned most often as a barrier to receiving insurance coverage.**

Uninsured, non-participating families were asked why their children are not currently insured. The majority of non-participating families who are currently uninsured indicated that they *cannot afford insurance*. Fewer mentioned that they *do not receive health insurance from their employer*, or any other reason. Nearly three-fourths of uninsured, non-participating families in 2003 indicated that they *cannot afford insurance*.

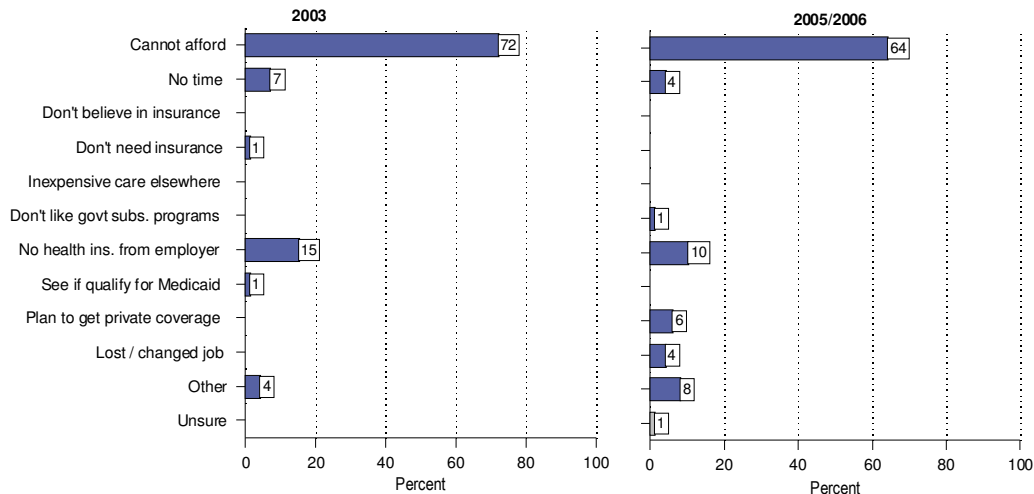
**What is the reason why your children are not currently insured?**

[Among: uninsured non-participants]



**What is the reason why your children are not currently insured?**

[Among: uninsured non-participants | compared over time]

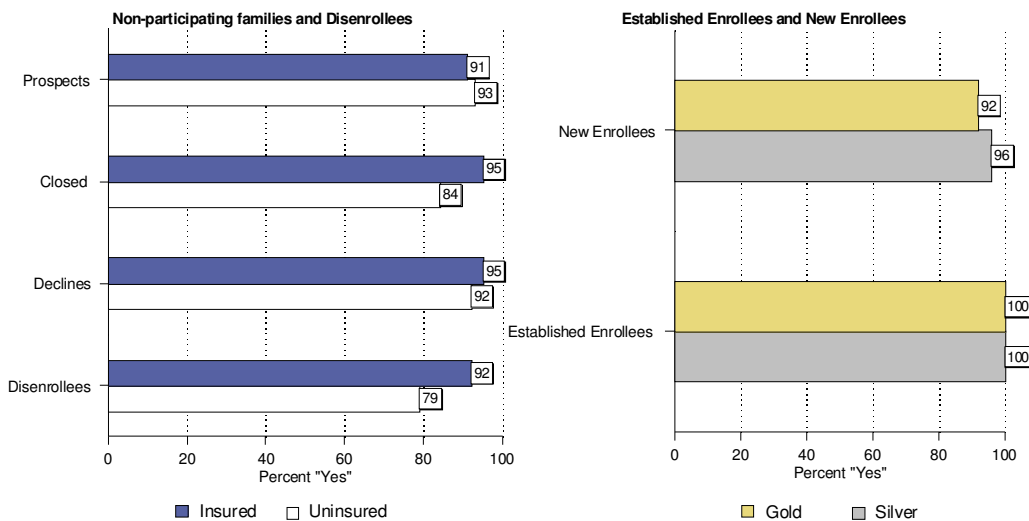


**Established enrollees are more likely than other respondents to have a particular place for routine or preventive care.**

Respondents were asked if they had a particular place where they take their children for routine or preventive care. One hundred percent of Gold and Silver established enrollees indicated that they have a particular place where they take their children for routine or preventive care. Notably, uninsured disenrollees (79%) are less likely than insured disenrollees (92%) to have a particular place for care. In addition, 84 percent of uninsured closed respondents have a particular place for care, compared to 95 percent of insured closed respondents.

**Is there a particular place where you take your children for routine or preventive care?**

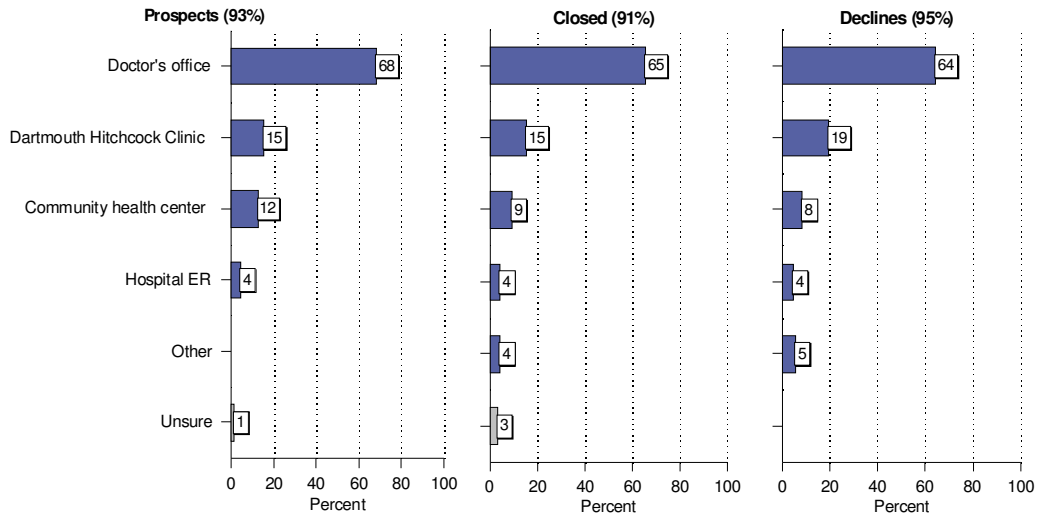
[Among: all respondents]



**Among respondents who have a place for care, the majority take their children to a doctor's office.**

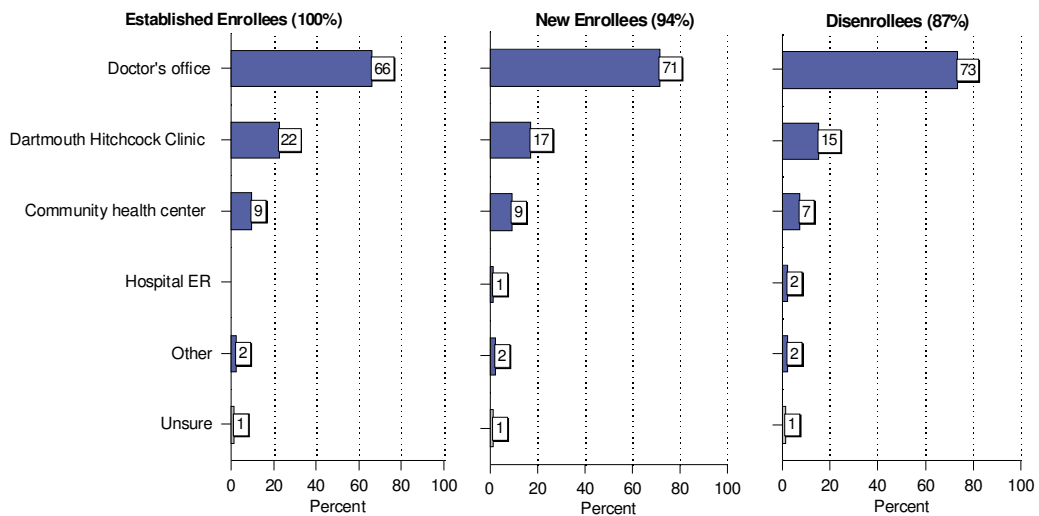
**Where do you usually take your children for routine or preventive care?**

[Among: respondents with primary care]



**Where do you usually take your children for routine or preventive care?**

[Among: respondents with primary care]



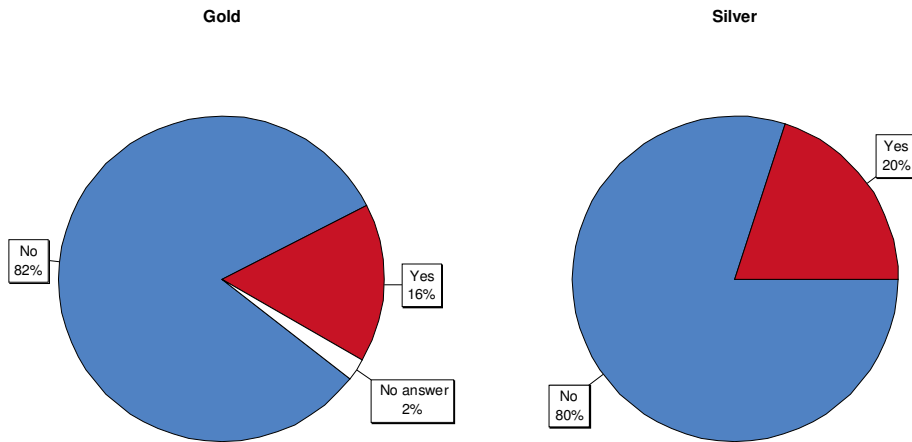
***Eighteen percent of all new enrollees indicated that they switched to a different provider after enrollment in the Healthy Kids program.***

New enrollees were asked if they switched to a new doctor for their children after they enrolled them in the Healthy Kids program. Sixteen percent of Gold new enrollees and 20 percent of Silver new enrollees indicated that they switched to a new doctor.

**Did you switch to a new doctor for your children after you enrolled them in the program?**

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[Among: new enrollees | compared by eligibility]

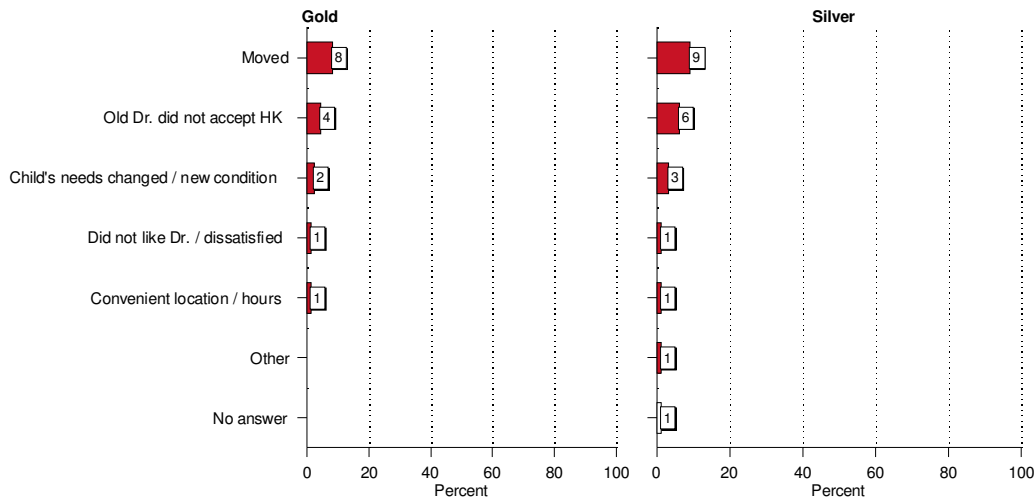


**Four percent of Gold new enrollees and six percent of Silver new enrollees switched to a new provider because their previous provider did not accept the Healthy Kids program coverage.**

Nearly one-tenth of Gold new enrollees (8%) and Silver new enrollees (9%) mentioned that they had to switch to a new provider because they *moved*. Respondents also mentioned that their *old provider did not accept the Healthy Kids program coverage* or that their *child's needs changed or that their child had a new condition*.

**Why did you switch to a new provider?**

[Among: new enrollees | compared by eligibility]



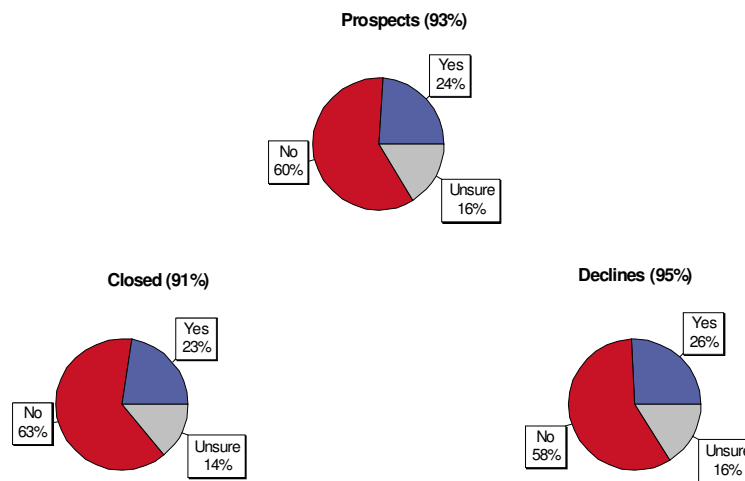
Fewer new enrollees who switched to a new doctor because their previous provider did not accept the Healthy Kids program coverage said that their youngest child has visited a doctor (37%) or a dentist (21%) in the past year compared to all other new enrollees. Similarly, 26 percent of new enrollees who switched because their provider did not accept the Healthy Kids program coverage said that their child could not obtain needed care at least one time in the past year, compared to 11 percent of all other new enrollees. However, over three-fourths of these participants are *very* (47%) or *extremely* (32%) *confident* in their current ability to obtain medical care for their family, suggesting that NHHK is able to provide adequate, alternative providers for new enrollees with providers that do not accept the Healthy Kids program coverage.

**The majority of non-participating families with primary care do not receive a reduced or discounted price for care.**

Non-participating families who have a place for their children to receive care were asked if they are usually charged a reduced or discounted price. Most prospects (60%), closed (63%) and declines (58%) indicated that, as far as they know, they are not usually charged a reduced or discounted price. More uninsured declines (32%) than insured declines (24%) indicated that they are usually charged a reduced or discounted price for care.

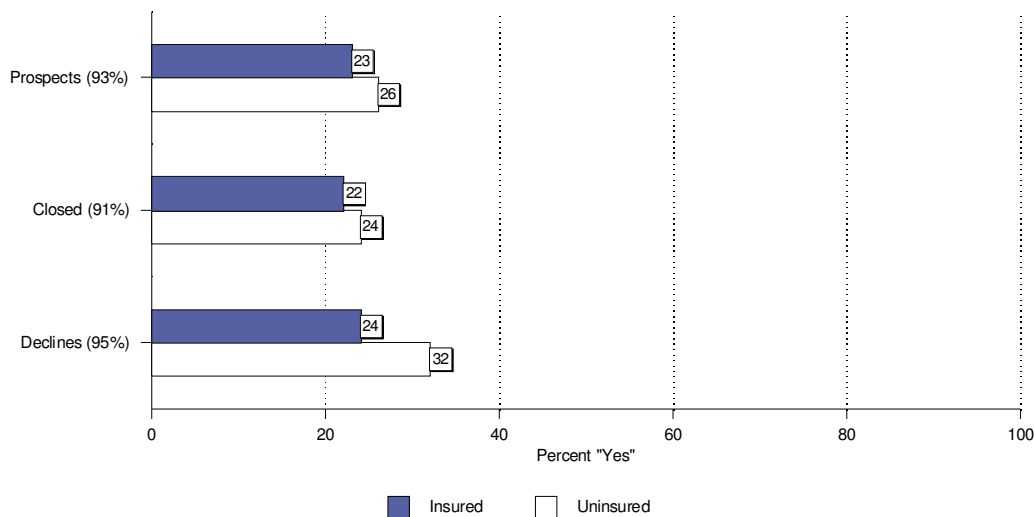
**Are you usually charged a reduced or discounted price for care?**

[Among: non-participants with primary care]



**Are you usually charged a reduced or discounted price for care?**

[Among: non-participants with primary care]

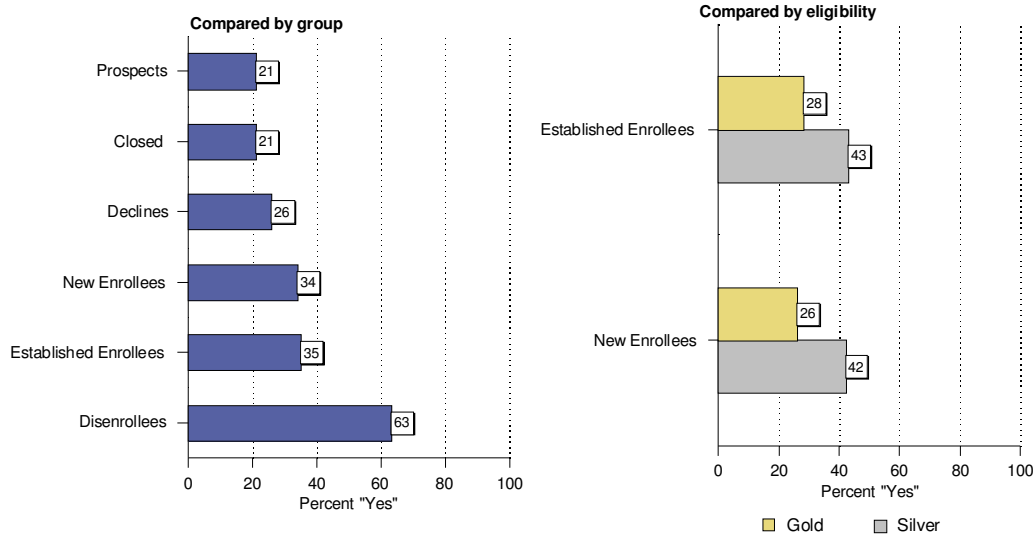


**Most disenrollees have access to health insurance through work.**

Uninsured non-participating families and all participating families and disenrollees were asked if they, or their spouse, have access to health insurance for their children through their work. Twenty-one percent of prospects, 21 percent of closed participants and 26 percent of declines have access to health insurance for their children through work. Nearly two-thirds of disenrollees (63%) indicated that they have access to health insurance for their children through work. The data indicate that Silver participating families are more likely to have access to health insurance through work than Gold participating families.

**Do you or your spouse have access to health insurance through work for your children?**

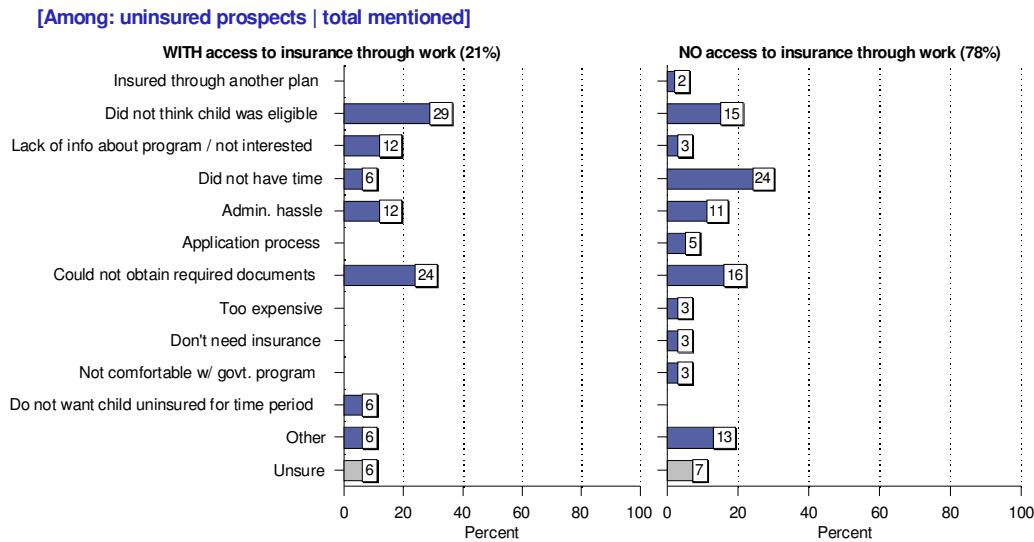
[Among: uninsured non-participants and all participants and disenrollees]



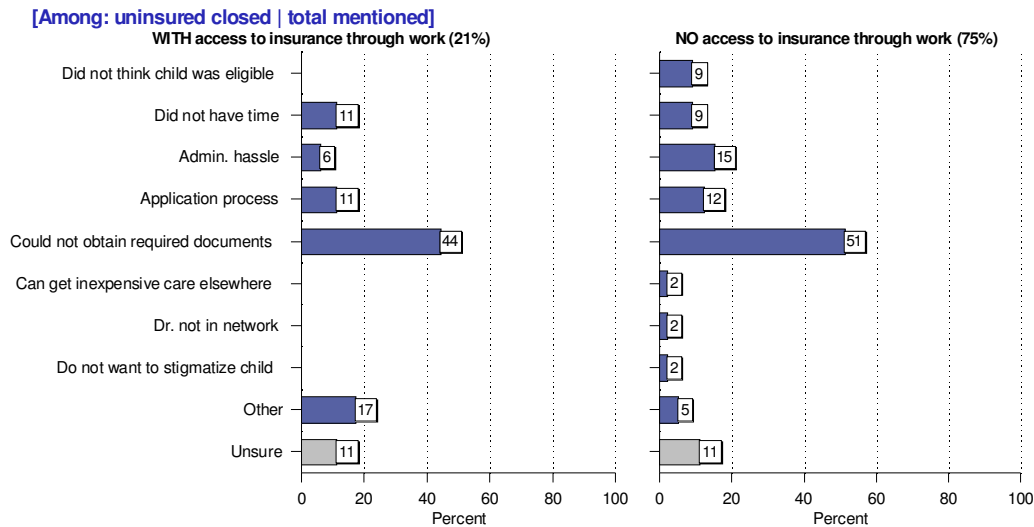
**Barriers to participation among non-participating families differ slightly by their access to insurance through work.**

Barriers to participation in the program among uninsured prospects, closed and declines was compared by their access to insurance through work. The data indicate that responses differ slightly between uninsured non-participating families with access to insurance through work and those respondents without access to insurance through work.

**Why did you not apply for coverage through the program?**

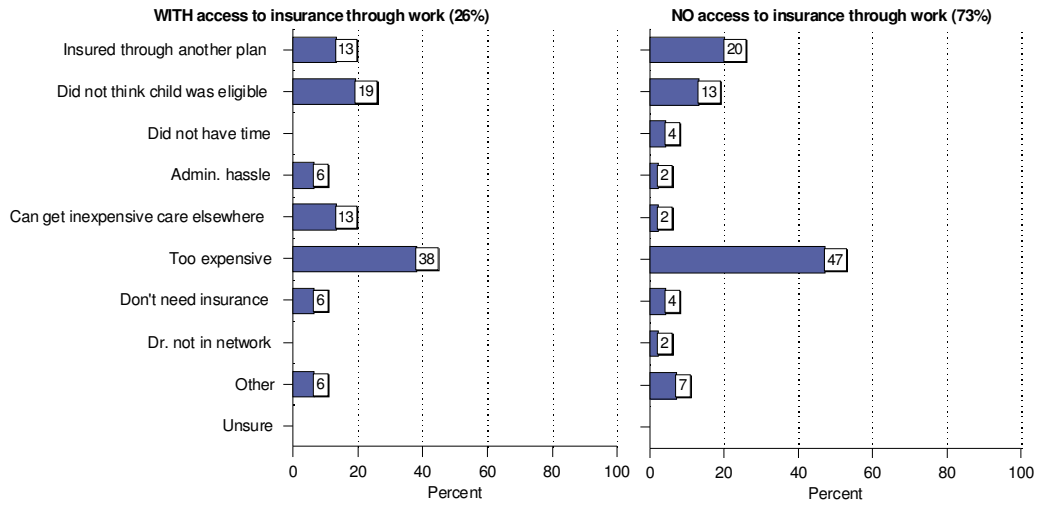


**Why did you not provide all of the information needed to complete the process?**



**Why did you not apply for coverage through the program?**

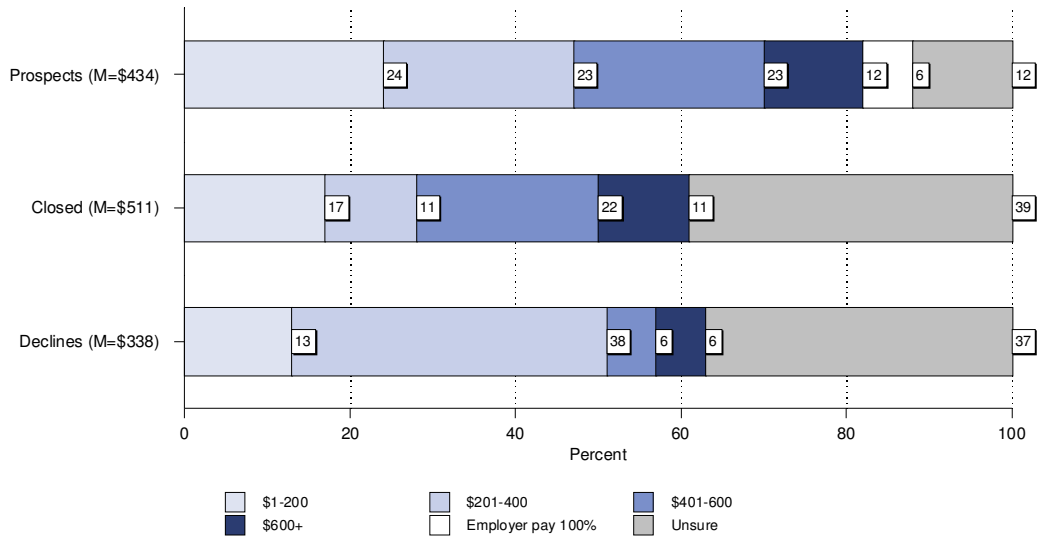
[Among: uninsured declines | total mentioned]



**Among respondents who have access to health insurance through their work, non-participating families and participating families would need to pay substantially more money each month than disenrollees.**

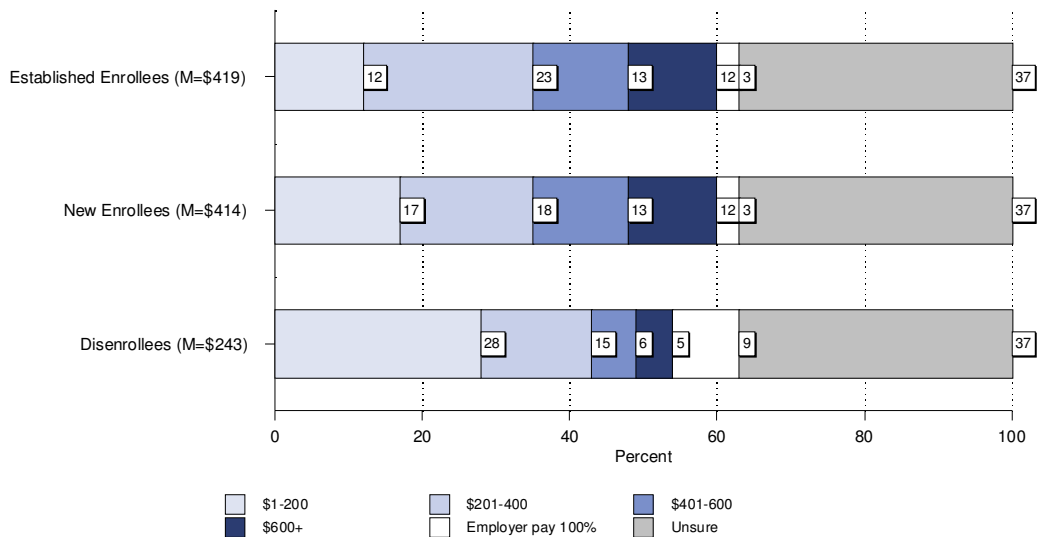
**How much would you need to pay each month to enroll your children in that plan?**

[Among: respondents with access to insurance through work]



**How much would you need to pay each month to enroll your children in that plan?**

[Among: respondents with access to insurance through work]

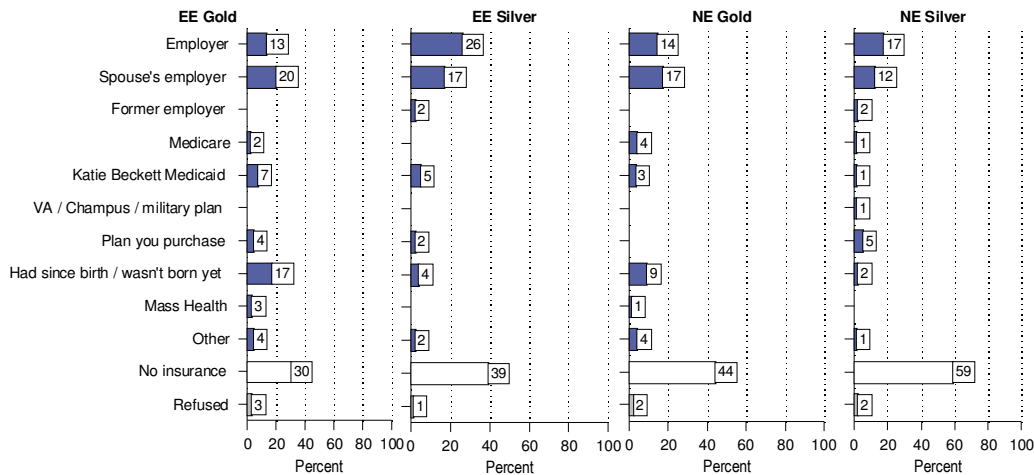


**Over one-half of Silver new enrollees were uninsured immediately before enrollment in the Healthy Kids program.**

Thirty percent of Gold established enrollees, 39 percent of Silver established enrollees, 44 percent of Gold new enrollees and 59 percent of Silver new enrollees indicated that they were *uninsured* at the time immediately before enrollment in the Healthy Kids program. Participants also mentioned that they were insured through their *employer* or their *spouse's employer*. Sixty-four percent of all new enrollees who were previously uninsured indicated that their children were without insurance for less than a year or were *never uninsured*, compared to 42 percent of all established enrollees who were previously uninsured.

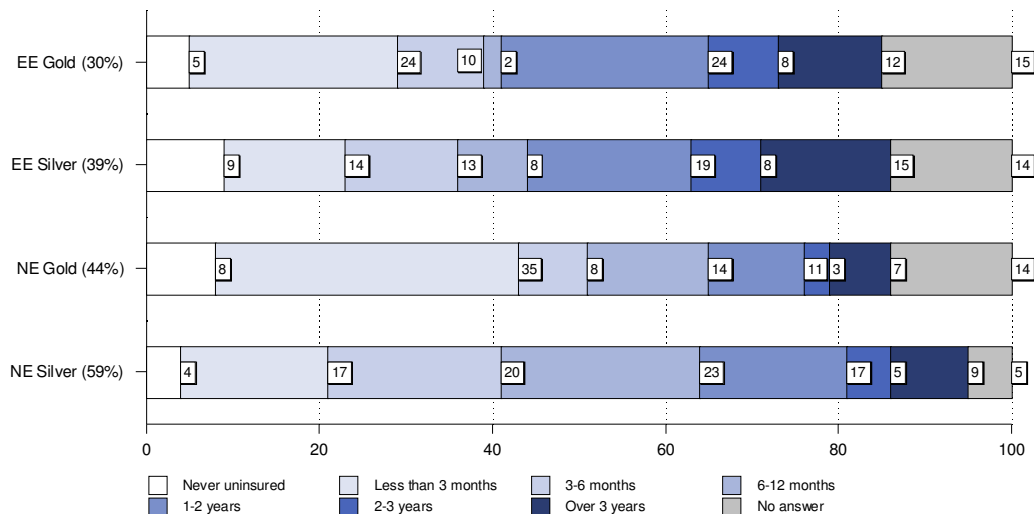
**Which of the following best describes your children's former health insurance status?**

[Among: new enrollees and established enrollees | compared by eligibility]



**How long had your children been without insurance prior to enrolling in the program?**

[Among: previously uninsured new and established enrollees | compared by eligibility]

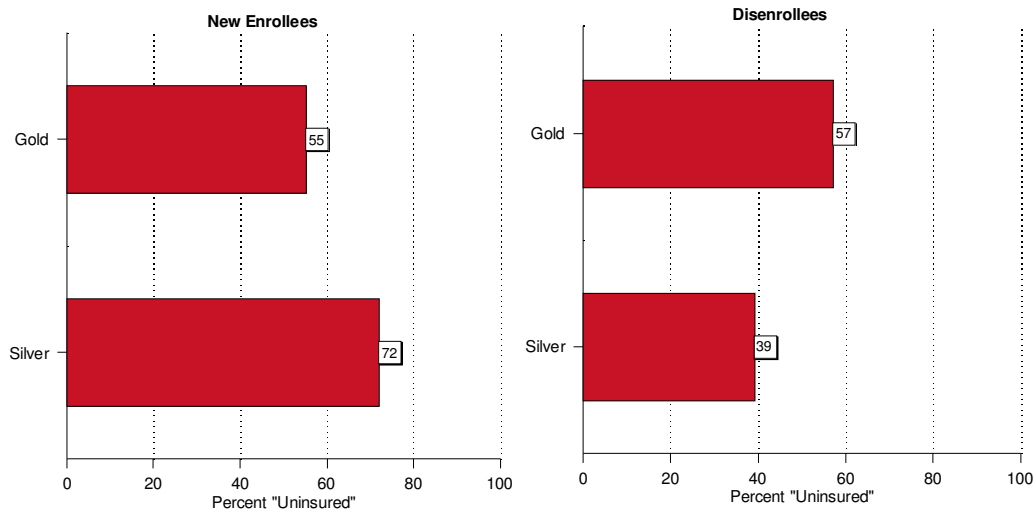


***The majority of both Gold and Silver new enrollees were uninsured sometime prior to their enrollment in the Healthy Kids program.***

Upon further analysis, the data indicate that 55 percent of Gold new enrollees and 72 percent of Silver new enrollees were uninsured sometime prior to their enrollment in the Healthy Kids program. Fifty-seven percent of Gold disenrollees and 39 percent of Silver disenrollees are uninsured or were uninsured sometime since disenrollment from the program.

**Have your children been uninsured before or after they were insured through the program?**

[Among: new enrollees and disenrollees]

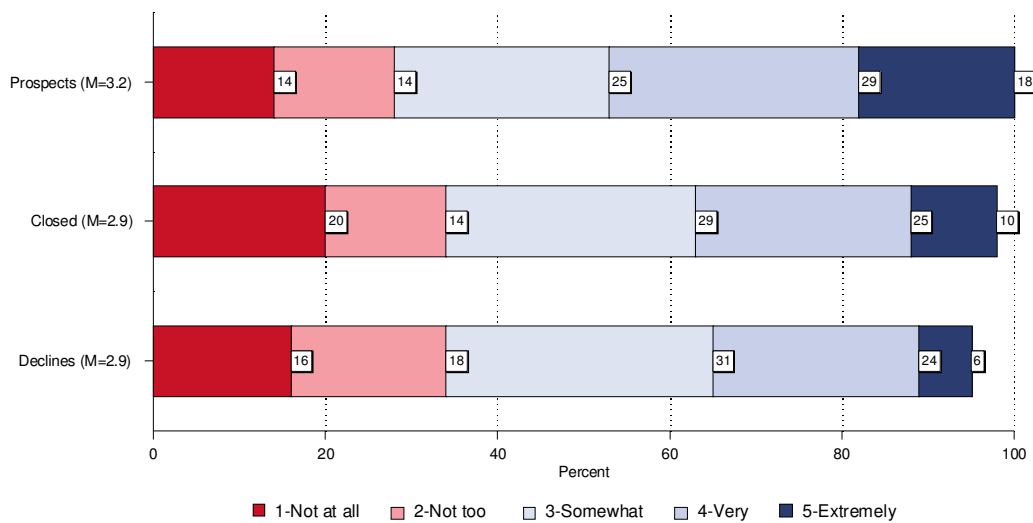


**Around one-third of uninsured, non-participating families are not confident about their access to care.**

Uninsured non-participating families and all participating families and disenrollees were asked how confident they are that their family can get medical care if needed. Seventy-four percent of established enrollees are *very* (42%) or *extremely* (32%) confident and 72 percent of new enrollees are *very* (44%) or *extremely* (28%) confident. Fewer non-participating families are *confident* and around one-third are *not confident* that they would have access to care. Also, 42 percent of currently uninsured disenrollees are *not confident* that they would be able to obtain medical care for their family.

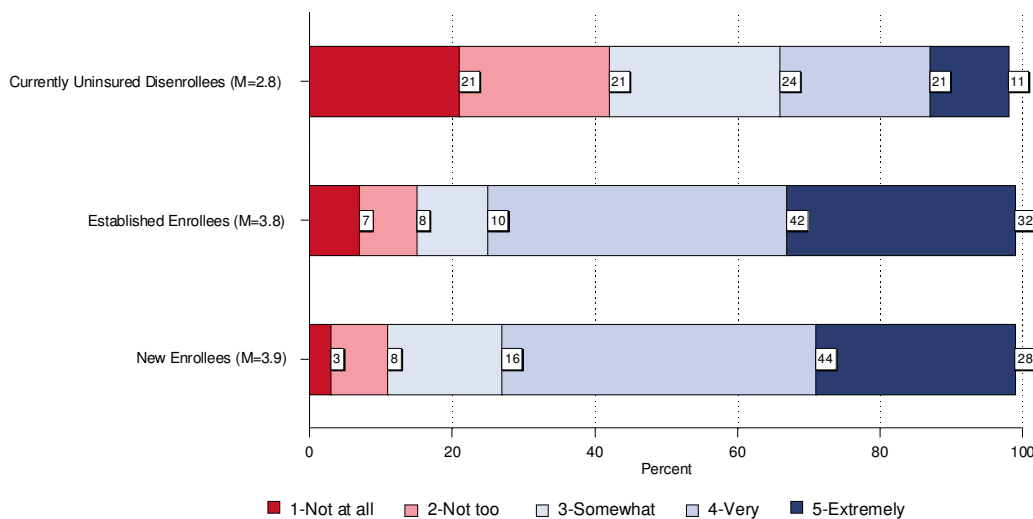
**How confident are you that your family can get medical care if you need it today?**

[Among: uninsured non-participating families | compared by selected characteristics]



**How confident are you that your family can get medical care if you need it today?**

[Among: participating families | compared by selected characteristics]



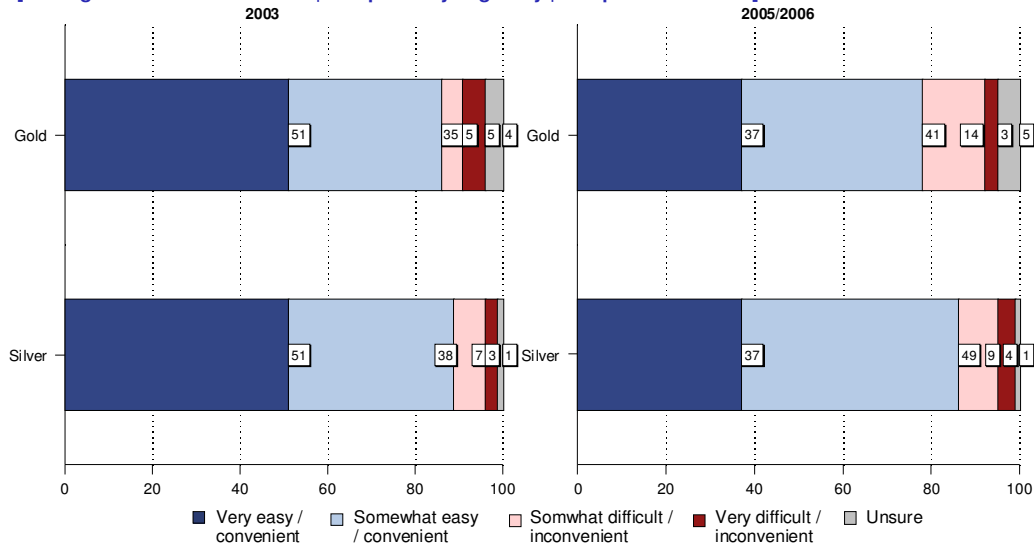
## Renewal Process

**Most established enrollees in both 2003 and 2005/2006 indicated that the renewal process was convenient.**

Established enrollees were asked to describe the renewal process. In the current study, 78 percent of Gold established enrollees and 86 percent of Silver established enrollees described the process as *convenient*, while 86 percent of Gold established enrollees and 89 percent of Silver established enrollees described the process as *easy* in 2003. In the current study, Gold established enrollees (17%) are slightly more likely than Silver established enrollees (13%) to describe the renewal process as *difficult*.

### How would you describe the renewal process?

[Among: established enrollees | compared by eligibility | compared over time]



## Disenrollment

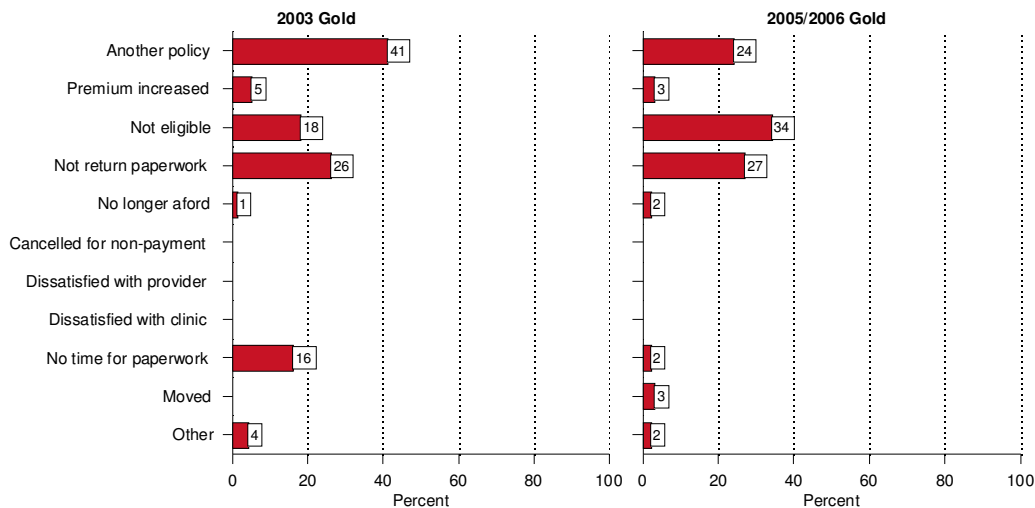
**When asked why they disenrolled, many disenrollees indicated that they switched to another policy.**

Disenrollees were asked why their children are no longer enrolled in the Healthy Kids program. In 2005/2006, Gold disenrollees mentioned that they were *no longer eligible* due to an increase in income or the child's age (34%), that they *did not return the necessary paperwork* (27%) or that they *enrolled their children in another policy* (24%) most often. Silver disenrollees mentioned that they *enrolled their children in another policy* (52%) or that they were *no longer eligible* due to an increase in income or the child's age (27%) most often.

In 2003, 41 percent of Gold disenrollees and 58 percent of Silver disenrollees mentioned that they enrolled in *another policy*.

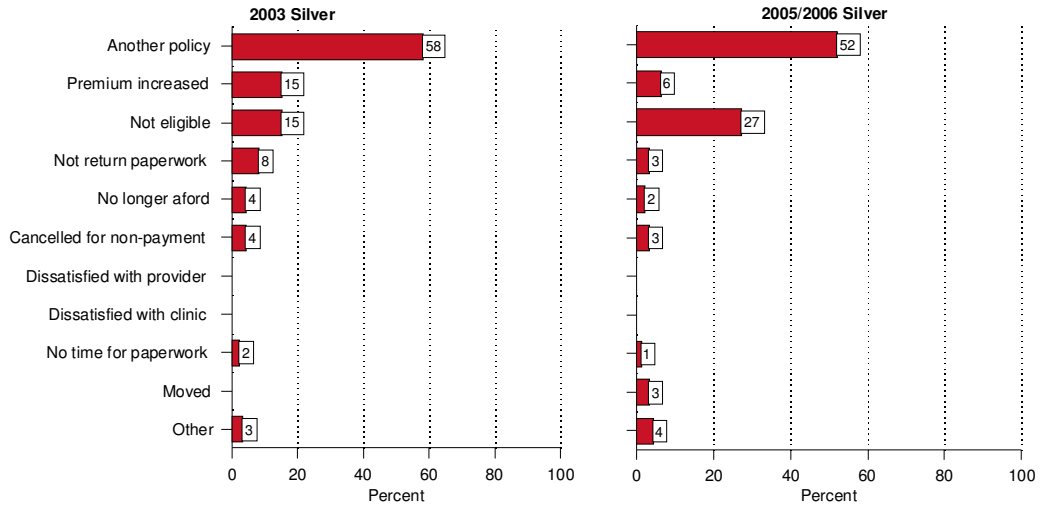
### Which of the following best describes why your children are no longer enrolled?

[Among: Gold disenrollees | compared over time]



**Which of the following best describes why your children are no longer enrolled?**

[Among: Silver disenrollees | compared over time]



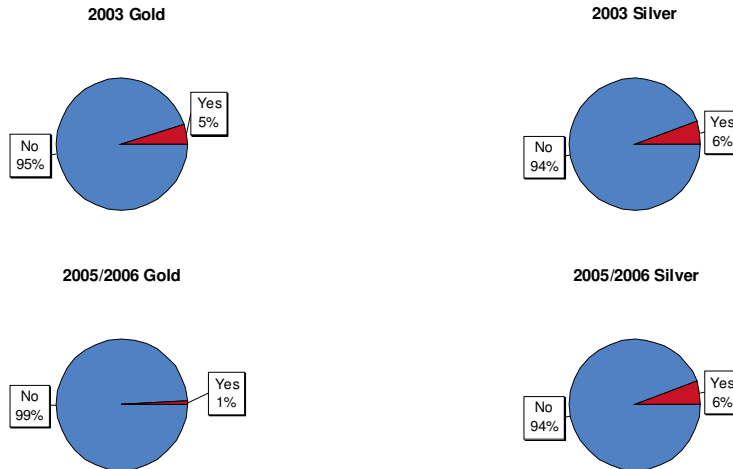
**Very few disenrollees left the program due to dissatisfaction.**

Currently, only one percent of Gold disenrollees and six percent of Silver disenrollees indicated that they left the Healthy Kids program due to dissatisfaction. In 2003, only five percent of Gold disenrollees and six percent of Silver disenrollees left due to dissatisfaction.

**Did you disenroll your children because you were dissatisfied?**

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[Among: disenrollees | compared by eligibility | compared over time]



## Program Satisfaction

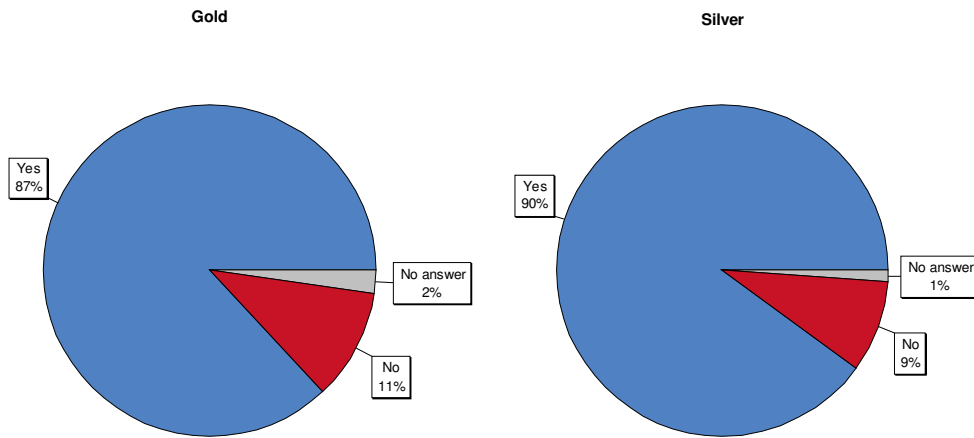
***The majority of new enrollees indicated that they received written information about the program after enrollment.***

Eighty-seven percent of Gold new enrollees and 90 percent of Silver new enrollees indicated that they received written information about the Healthy Kids program after they enrolled.

**After you enrolled, did you receive any written information about the program?**

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[Among: new enrollees | compared by eligibility]

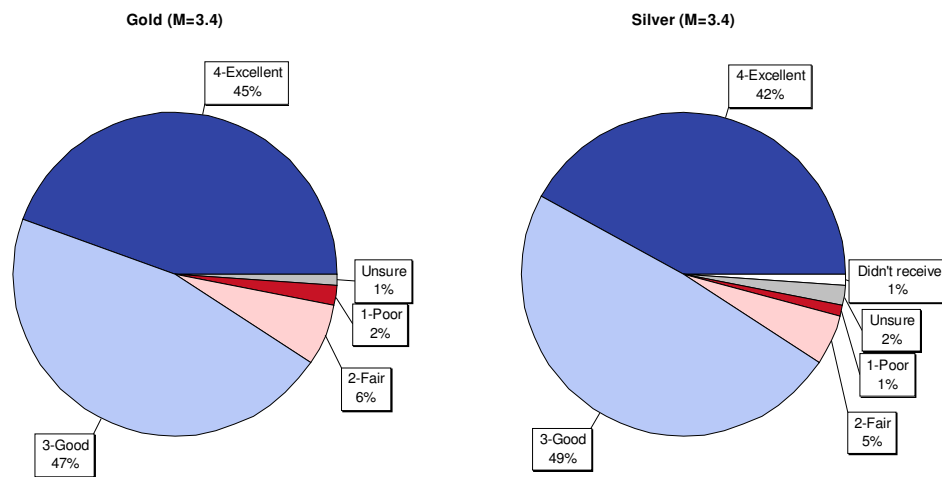


**Most new enrollees who received written information said that it explained the features and benefits of the program well.**

New enrollees who received written information were then asked to describe how well it explained the features and benefits of the program. Ninety-two percent of Gold participants described the written information as *good* (47%) or *excellent* (45%), and 91 percent of Silver participants described it as *good* (49%) or *excellent* (42%). In 2003, 93 percent of new enrollees described the written information as *good* (45%) or *excellent* (48%).

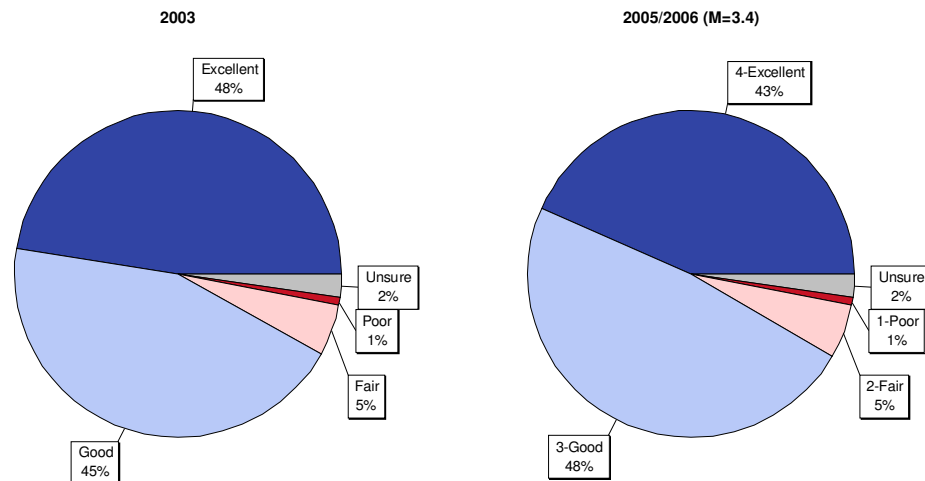
**How well did the written information explain the features and benefits of the program?**

[Among: new enrollees | compared by eligibility]



**How well did the written information explain the features and benefits of the program?**

[Among: new enrollees | compared over time]

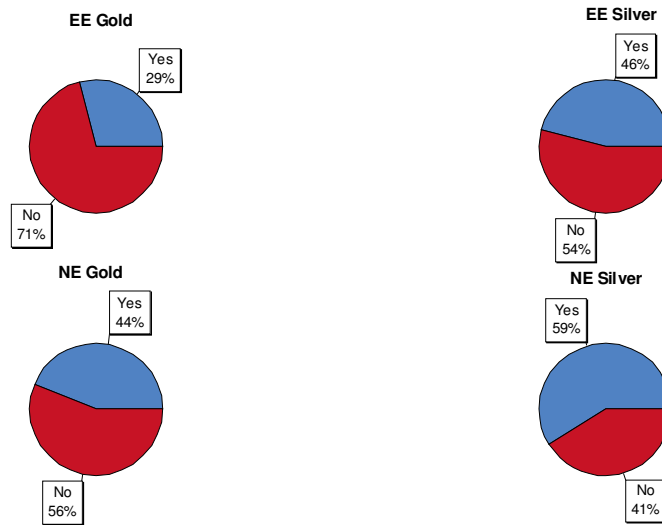


**While most families are satisfied with their last interaction with NHHK staff, disenrollees are slightly less satisfied.**

Participating families were asked if they had any contact with NHHK staff in the past year. Twenty-nine percent of Gold established enrollees, 46 percent of Silver established enrollees, 44 percent of Gold new enrollees and 59 percent of Silver new enrollees said that they had been in contact with NHHK staff. Thirty-seven percent of Gold disenrollees and 34 percent of Silver disenrollees said that they had been in contact with NHHK staff in the past year.

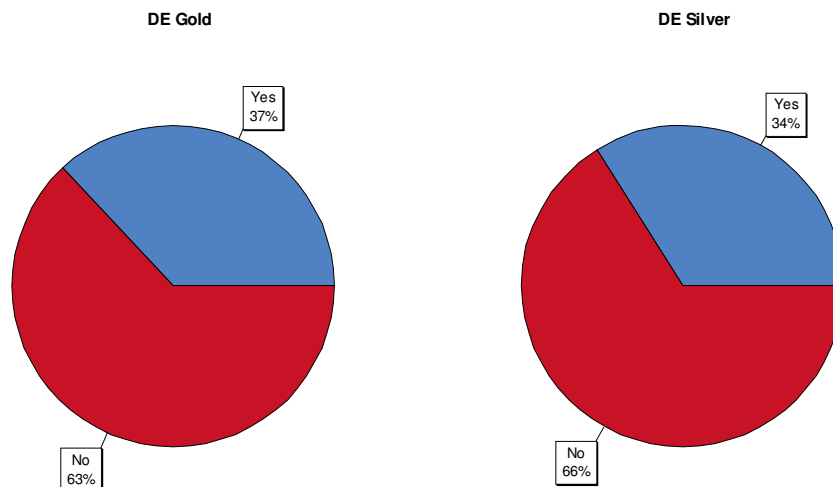
**Have you had contact with NHHK Central Office staff in the past 12 months?**

[Among: new enrollees and established enrollees | compared by eligibility]



**Have you had contact with NHHK Central Office staff in the past 12 months?**

[Among: disenrollees | compared by eligibility]

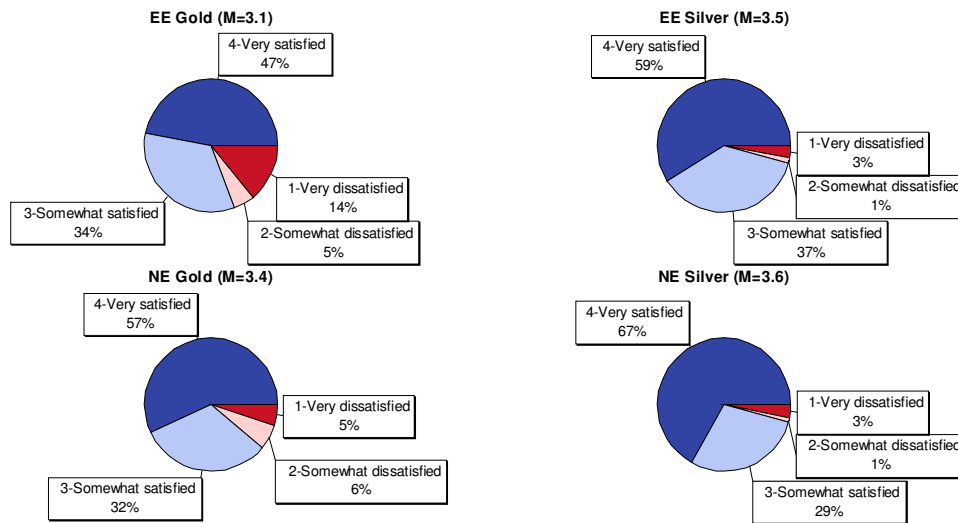


Overall, participating families are satisfied with their last interaction with NHHK staff. Eighty-one percent of Gold established enrollees, 96 percent of Silver established enrollees, 89 percent of Gold new enrollees and 96 percent of Silver new enrollees were *satisfied* with their last interaction. The results suggest that Silver participating families are more likely to indicate that they were satisfied with their interactions with NHHK staff than Gold participating families.

Gold disenrollees (68%) and Silver disenrollees (82%) are less likely to indicate that they were *satisfied* with their last interaction, compared to Gold and Silver participating families. It is important to note that both DHHS – Division of Family Assistance staff and NHHK staff are co-located at NHHK Central Office.

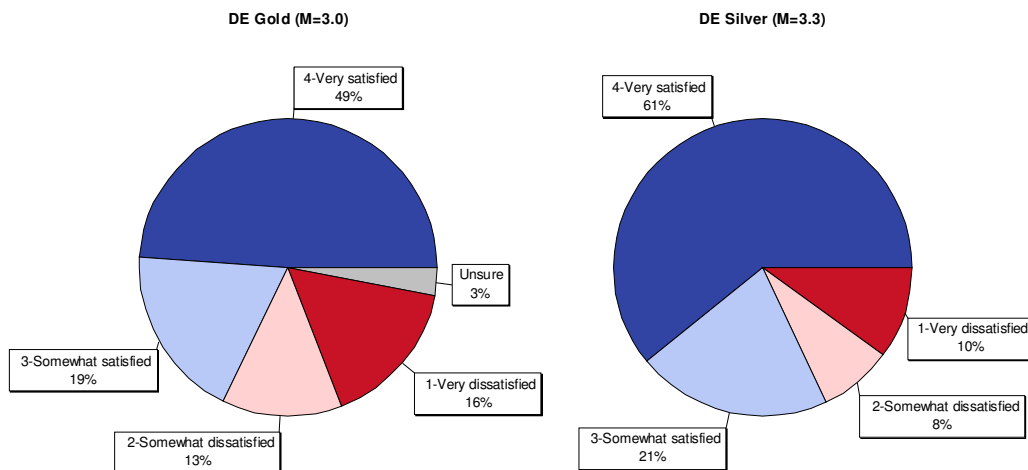
**Were you satisfied or dissatisfied with your last interaction with NHHK staff?**

[Among: new enrollees and established enrollees who contacted staff | compared by eligibility]



**Were you satisfied or dissatisfied with your last interaction with NHHK staff?**

[Among: disenrollees who contacted staff | compared by eligibility]

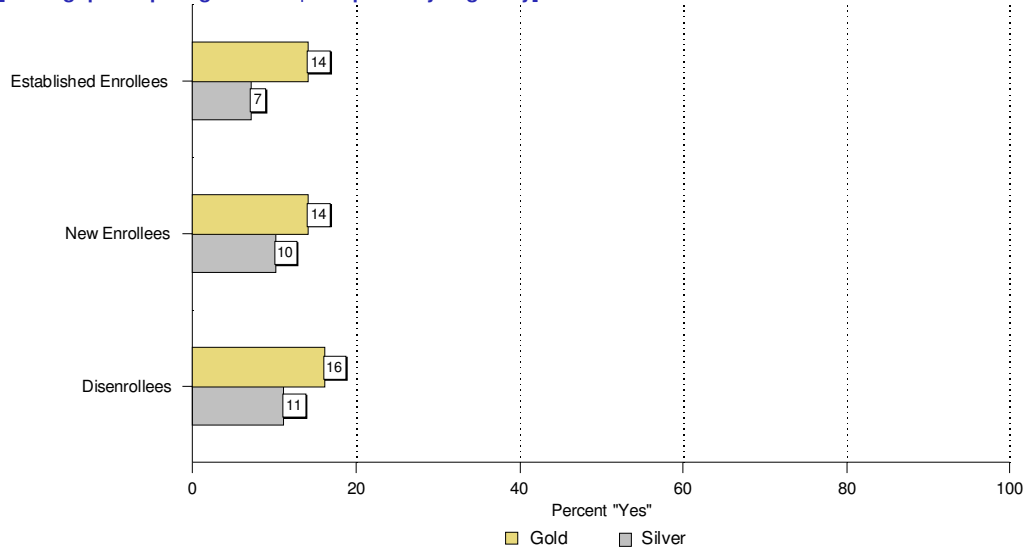


**Problem incidence is low among all participating families.**

Few participating families indicated that they had experienced a problem with the Healthy Kids program in the past year. Notably, problem incidence among Gold disenrollees (16%) is similar to that of Gold established enrollees (14%) and Gold new enrollees (14%), suggesting that disenrollment is not due to problems with the Healthy Kids program.

**Have you experienced any problem with the HK program in the past 12 months?**

[Among: participating families | compared by eligibility]

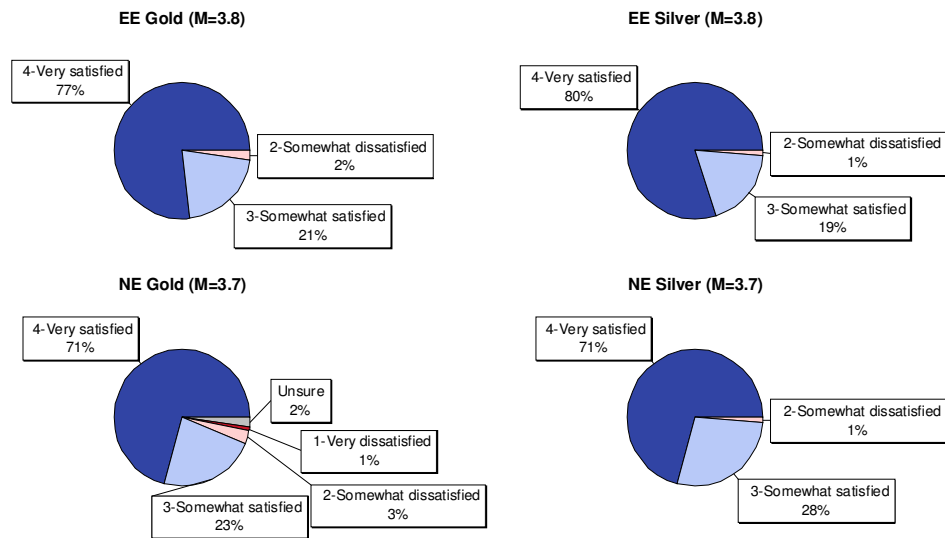


**While nearly all participating families are satisfied with the Healthy Kids program, established enrollees are significantly more satisfied than other participants.**

Participating families were asked to rate their overall satisfaction with the Healthy Kids program. Nearly all Gold established enrollees (98%), Silver established enrollees (99%), Gold new enrollees (94%) and Silver new enrollees (99%) are *satisfied*. In addition, the majority of Gold disenrollees (89%) and Silver disenrollees (95%) are *satisfied* with the program. However, established enrollees rate their satisfaction significantly higher than other participant groups. Satisfaction among disenrollees is high, providing further evidence that disenrollment is not due to dissatisfaction.

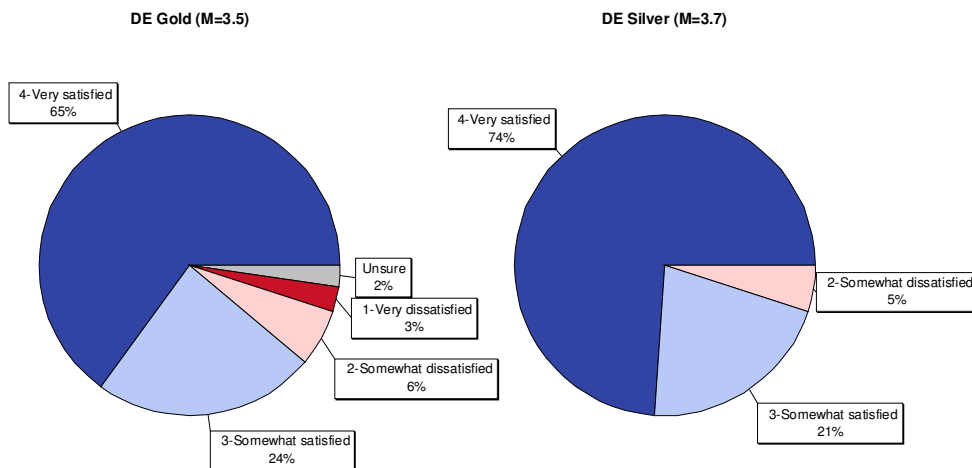
**How would you rate your overall satisfaction with the HK program?**

[Among: established enrollees and new enrollees | compared by eligibility]



**How would you rate your overall satisfaction with the HK program?**

[Among: disenrollees | compared by eligibility]



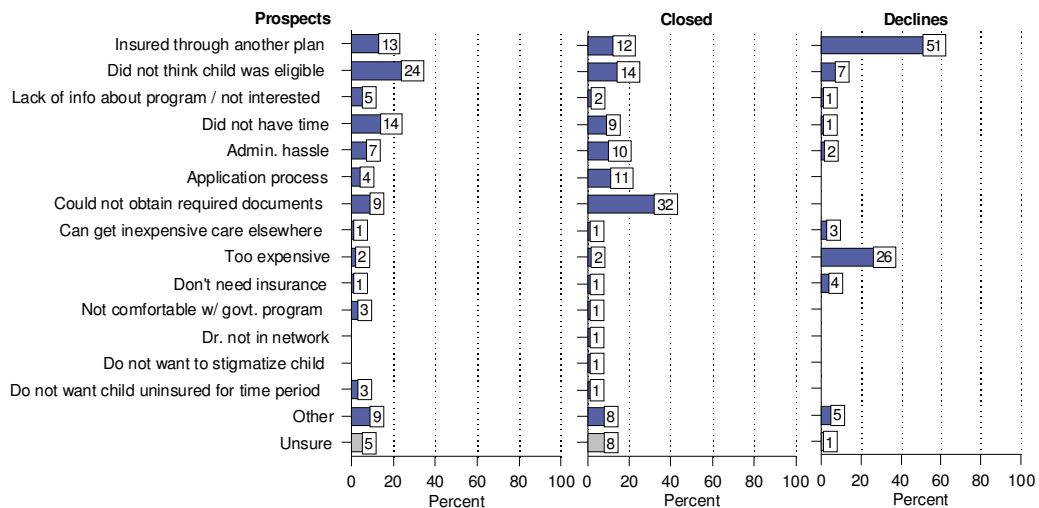
## Barriers to Participation

**Over one-half of declines indicated that they did not apply for coverage through the Healthy Kids program because they became insured through another plan.**

Non-participating families were asked why they did not apply for coverage through the Healthy Kids program. Prospects mentioned a variety of reasons why they did not apply for coverage, while nearly one-third of closed respondents mentioned that they could not complete the application process because they *could not obtain the required documents*. Fifty-one percent of declines indicated that they did not apply for coverage through the Healthy Kids program because they became *insured through another plan*, while 26 percent said that it was *too expensive*.

### Why did you not apply for coverage through the program?

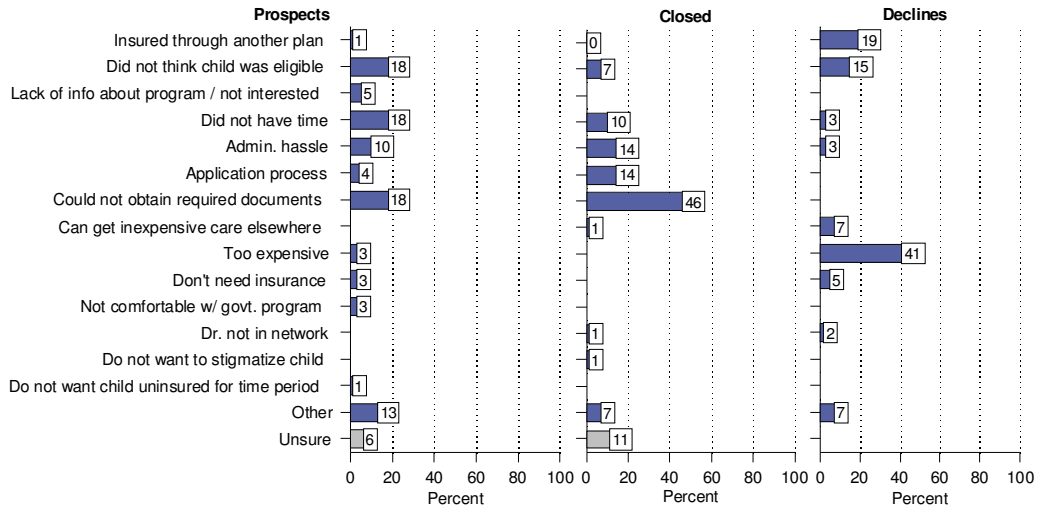
[Among: non-participants | total mentioned]



These trends are also apparent among non-participating families who are eligible for participation in the program.

**Why did you not apply for coverage through the program?**

[Among: non-participants who are eligible for Silver | total mentioned]

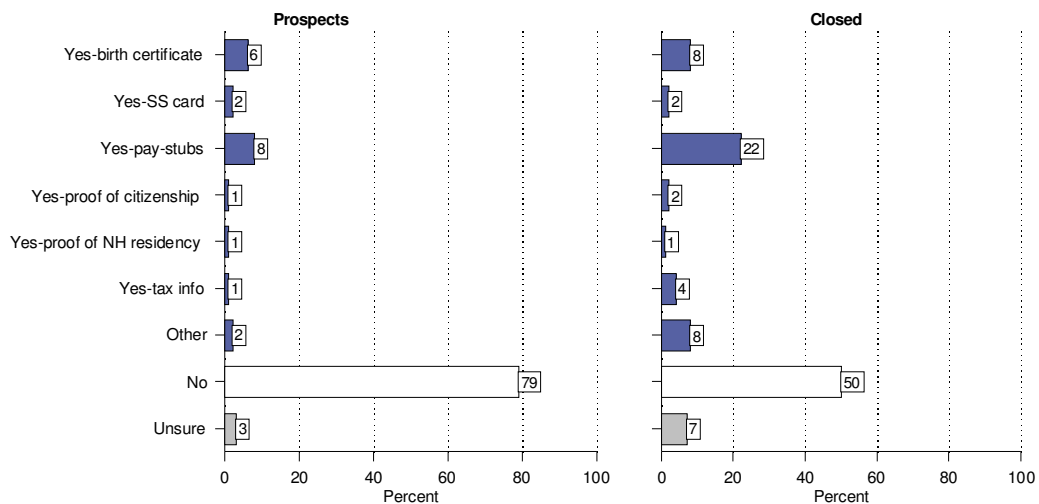


**A significant minority of non-participating families were discouraged from applying for coverage due to an inability to obtain the required documents.**

Non-participating families who indicated that their children were not insured in another plan were asked if there were any documents that they could not get copies of and, if there were, why they were unable to obtain these documents. Twenty-one percent of prospects and 47 percent of closed respondents indicated that they could not get copies of certain required documents. When asked why they were unable to obtain copies of the documents, respondents mentioned a *lack of pay stubs or difficulties with their employer* and that the *copies were difficult to get or were lost* most often.

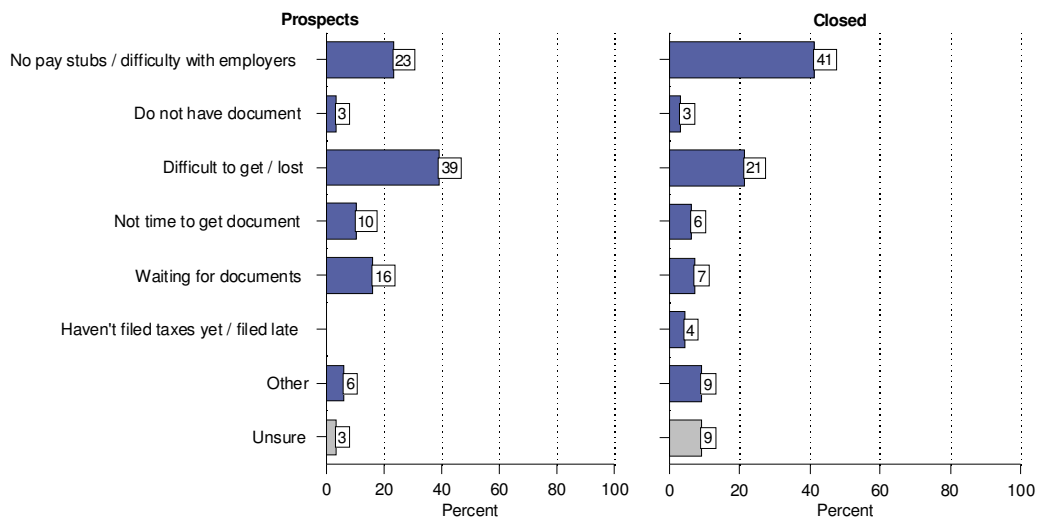
**Were there any documents you could not get copies of?**

[Among: non-participants with children who were not insured in another plan | total mentioned]



**Why were you unable to obtain the documents?**

[Among: non-participants who could not obtain documents]



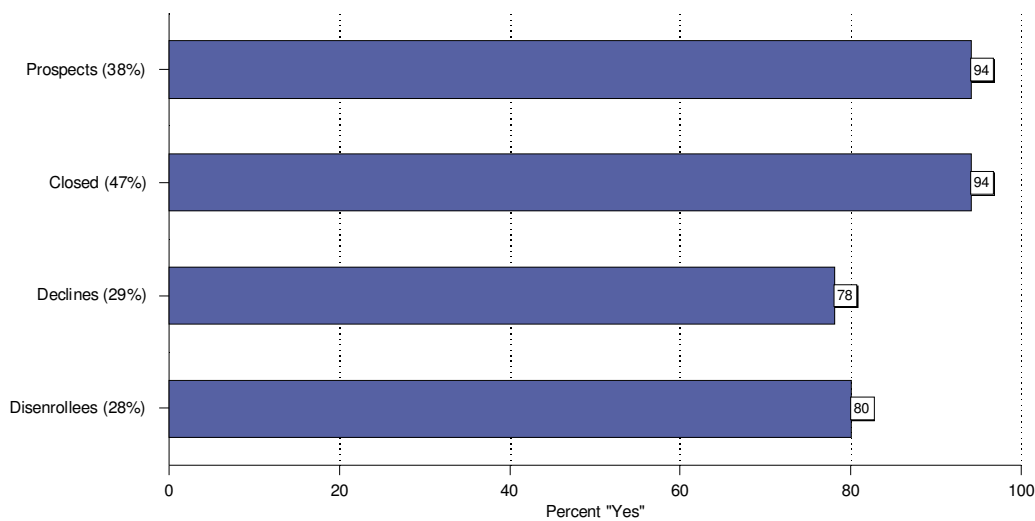
**A majority of eligible and uninsured non-participating families and disenrollees expressed an interest in obtaining coverage through the Healthy Kids program.**

Ninety-four percent of eligible, uninsured prospects and closed respondents indicated that they would be interested in obtaining health insurance coverage through the Healthy Kids program. Slightly fewer disenrollees (80%) and declines (78%) expressed interest.

Eligible and uninsured non-participating families and disenrollees who expressed a lack of interest were asked why they would not be interested. Respondents mentioned the belief that they *do not need insurance* (33%) and *cost* (24%) most often.

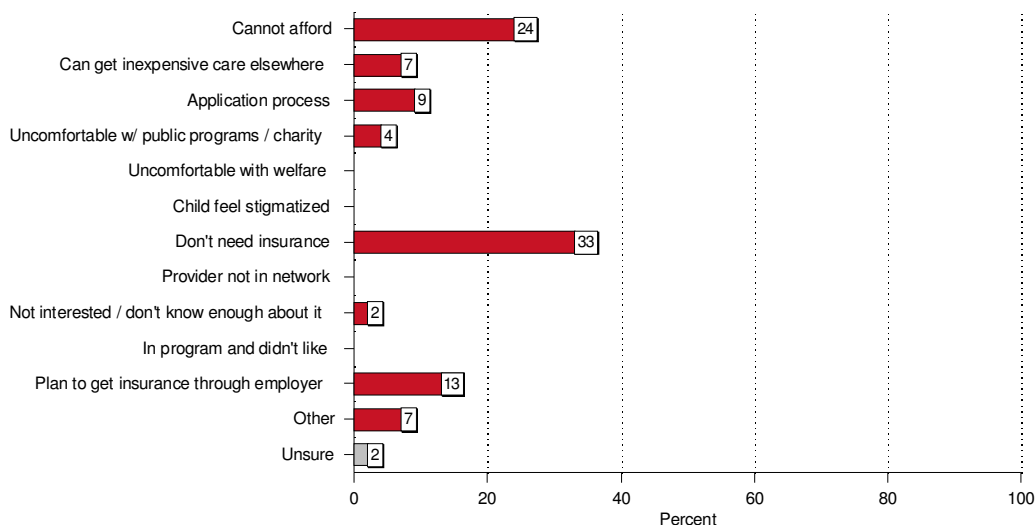
**Would you be interested in obtaining health insurance coverage through the HK program?**

[Among: eligible, uninsured non-participants and disenrollees]



**What is the primary reason why you would not be interested?**

[Among: eligible, uninsured and uninterested non-participants and disenrollees (n=46)]



## **Discussion: Findings and Implications**

### ***Many respondents learn about the Healthy Kids program through word-of-mouth.***

Nearly one-third of all non-participating families indicated that they learned about the Healthy Kids program from a *friend or family member* (30%). Similarly, 34 percent of all new enrollees said that they learned about the program from a *friend or family member*. The results suggest that inquiries about coverage through the Healthy Kids program are driven by word-of-mouth.

### ***Most respondents who receive information about the Healthy Kids program find it to be beneficial.***

Nearly three-fourths of non-participating families received materials in the mail from the Healthy Kids program. The majority of these families said that the materials did an *excellent* or *good* job explaining how the program works (76%), whether or not their children are eligible to participate (78%) and how to apply for coverage through the program (80%).

Only 22 percent of new enrollees indicated that they received materials in the mail about the Healthy Kids program before they enrolled. Among these respondents, nearly all (95%) said that the materials explained how to apply for coverage through the program well. The majority of new enrollees (89%) indicated that they received written information about the Healthy Kids program after they were enrolled. Ninety-one percent of these participants said that the information did an *excellent* or *good* job explaining the features and benefits of the program. Gold and Silver new enrollees are equally likely to express this opinion.

### ***Gold and Silver participants have slightly different experiences during the application process.***

While most families are satisfied with the application process, the results indicate that Gold and Silver participants have slightly different experiences. Gold new enrollees are more likely to apply at the district office, while Silver new enrollees are much more likely to apply through the mail. Also, Gold new enrollees are about two times more likely to have received help filling out the application. In addition, 76 percent of Silver participants said that they were kept informed of the status of their children's application, while 54 percent of Gold participants said that they were kept informed.

The vast majority of both Gold and Silver new enrollees rated the overall application process as *convenient*, and most were unable to identify a specific way to improve the process. Similarly, most established enrollees rated the renewal process as *convenient* in the current study.

***Cost is a significant barrier to obtaining insurance coverage.***

A significant portion of non-participating families are currently uninsured. Among these uninsured families, nearly two-thirds said that they *cannot afford* the premium costs of insurance coverage. *Lack of insurance from their employer* was also mentioned often.

***Many closed respondents could not obtain copies of documents required to apply for coverage through the Healthy Kids program.***

The results suggest that the inability to obtain required documents is also a significant barrier to participation in the Healthy Kids program, especially for closed respondents. Nearly one-third of closed respondents did not complete the application process because they *could not obtain the required documents*. Similarly, when asked directly if there were any documents they could not get copies of, nearly one-half could not get copies of required documents. When asked why they were unable to obtain the documents, many closed respondents mentioned a *lack of pay stubs or difficulties with their employer*. The results suggest that further simplification of processes and forms could result in improved access to the program and care for many families.

Over one-half of declines mentioned that they did not apply for coverage because they became *insured through another plan*, while 26 percent mentioned that the plan was *too expensive*. The results suggest that non-participating families who declined enrollment in the Healthy Kids Silver program may have considered the program, but became insured through another plan when their situation changed. Also, declines are much more likely than prospects or closed respondents to name high costs as a barrier to participation, most likely due to the fact that the eligibility status of many of these respondents changed, which would have required them to pay a higher premium.

***Participation in the Healthy Kids program appears to increase access to care.***

The data indicate that participation in the Healthy Kids program increases access to care. Only eight percent of Gold established enrollees and six percent of Silver established enrollees indicated that they were unable to obtain needed care in the past year, while over one-fourth of uninsured prospects (26%), closed (28%) and declines (27%) indicated that their children could not obtain needed care. In addition, 33 percent of Gold disenrollees and 19 percent of Silver disenrollees indicated that they were unable to obtain needed care.

Significantly, 17 percent of both Gold and Silver new enrollees who were uninsured prior to enrollment indicated that their children could not obtain needed care in the 12 months prior to enrollment in the Healthy Kids program, compared to only eight percent of Gold established enrollees and six percent of Silver established enrollees who indicated that their children could not obtain needed care in the past 12 months. This represents a 53 percent *reduction* in unmet need among Gold participants and a 65 percent *reduction* among Silver participants. In addition, 33 percent of uninsured Gold disenrollees and 19 percent of uninsured Silver disenrollees indicated that their children could not obtain needed care since disenrollment, representing a 313 percent *increase* in unmet need among Gold participants and a 217 percent *increase* in unmet need among Silver participants after disenrollment from the Healthy Kids program.

***Participation in the Healthy Kids program appears to increase access to preventive medical and dental care.***

The data indicate that participation in the Healthy Kids program also increases access to preventive medical and dental care. Fifty-one percent of uninsured Gold new enrollees and 56 percent of uninsured Silver new enrollees indicated that their children had received preventive medical care in the 12 months prior to enrollment, compared to 67 percent of Gold established enrollees and 62 percent of Silver established enrollees who indicated that their children had received preventive medical care in the past 12 months. This represents a 31 percent *increase* in access to preventive medical care among Gold participants and an 11 percent *increase* in access to preventive medical care among Silver participants. In addition, 53 percent of uninsured Gold disenrollees and 38 percent of uninsured Silver disenrollees indicated that their children had received preventive medical care since disenrollment, representing a 21 percent *reduction* in access to preventive medical care among Gold participants and a 39 percent *reduction* in access to preventive medical care among Silver participants after disenrollment from the Healthy Kids program.

Also, 23 percent of uninsured Gold new enrollees and 43 percent of uninsured Silver new enrollees indicated that their children had received preventive dental care in the 12 months prior to enrollment, compared to 44 percent of Gold established enrollees and 51 percent of Silver established enrollees who indicated that their children had received preventive dental care in the past 12 months. This represents a 91 percent *increase* in access to preventive dental care among Gold participants and a 19 percent *increase* in access to preventive dental care among Silver participants. In addition, only 21 percent of uninsured Gold disenrollees and 35 percent of uninsured Silver disenrollees indicated that their children had received preventive dental care since disenrollment, representing a 52 percent *reduction* in access to preventive dental care among Gold participants and a 31 percent *reduction* in access to preventive dental care among Silver participants after disenrollment from the Healthy Kids program.

These results provide evidence that enrollment in the Healthy Kids program increases access to care, including preventive medical and dental care.

***Many eligible non-participating families and disenrollees expressed interest in receiving insurance coverage through the Healthy Kids program.***

There are many non-participating families and disenrollees without health insurance who would be eligible for participation based on their income level. Thirty-nine percent of all non-participating families and 31 percent of disenrollees do not currently have health insurance for their children and nearly all (94%) would be eligible to receive coverage through the Healthy Kids program. Significantly, the majority of these respondents would be interested in obtaining coverage through the program. However, these respondents are more likely to identify barriers to participation, such as an inability to obtain required documents, and may require extra aid during the application process.

***Closed families appear to be an at-risk group.***

The data indicate that closed families may be most at risk of being underinsured. Forty-nine percent of closed families are currently uninsured. In addition, over three-fourths of uninsured closed families do not have access to insurance through their employer, and those families who do have access would have to pay an average of \$511 per month in order to enroll their children in that plan.

Only 26 percent of currently uninsured closed families indicated that their youngest child visited a dentist in the past year, compared to 44 percent of prospects and declines. Also, 28 percent of uninsured closed families indicated that their children could not obtain needed care in the past year, four times more than established enrollees (7%). In addition, 34 percent of uninsured closed families are *not confident* that they could get medical care if they needed it today. The results suggest that targeted efforts aimed at closed families may encourage enrollment in the Healthy Kids program and improve their access to medical care.

***NHHK provides insurance coverage to families that may not be able to receive insurance otherwise.***

The results suggest that NHHK provides insurance coverage to New Hampshire families that may not be able to receive insurance otherwise. Fifty-five percent of Gold new enrollees and 72 percent of Silver new enrollees indicated that their children did not have insurance sometime prior to enrollment in the Healthy Kids program. Also, around two-thirds of new enrollees and established enrollees indicated that they do not have access to health insurance through their employer, and those participants who do have access would have to pay an average of \$416 per month in order to enroll their children in that plan.

***Overall, participating families are satisfied with the Healthy Kids program and have not experienced any problems.***

Most participating families are very satisfied with the Healthy Kids program. Not surprisingly, established enrollees are significantly more satisfied than new enrollees and disenrollees. In addition, few participating families indicated that they had experienced a problem with the program in the past year.

The majority of non-participating families who contacted the Healthy Kids Central Office staff are *satisfied* with their last interaction. However, 29 percent of Gold disenrollees and 18 percent of Silver disenrollees indicated that they were *dissatisfied* with their last interaction, suggesting improvements in participant and staff interactions. Dissatisfaction could also be due to the action or decision that was made as a result of the interaction. It is important to note that both DHHS – Divisions of Family Assistance staff and the NHHK staff are co-located at NHHK Central Office.

***Disenrollment is not due to dissatisfaction or problems with the Healthy Kids program.***

Although 29 percent of Gold disenrollees and 18 percent of Silver disenrollees indicated that they were *dissatisfied* with their last interaction with NHHK Central Office staff, the results suggest that disenrollment is not due to dissatisfaction or problems with the program. Eighty-nine percent of Gold disenrollees and 95 percent of Silver disenrollees said that they were *satisfied* with the Healthy Kids program and only nine percent of Gold disenrollees and five percent of Silver disenrollees are *dissatisfied*. In addition, only one percent of Gold disenrollees and six percent of Silver disenrollees indicated that they disenrolled their children due to dissatisfaction with the Healthy Kids program. Only 16 percent of Gold disenrollees and 11 percent of Silver disenrollees mentioned that they had experienced a problem with the Healthy Kids program in the past year, similar to that of Silver and Gold new enrollees and established enrollees.

***The Healthy Kids program is a transitional program for families who do not have access to insurance coverage or preventive care.***

When asked why their children are no longer enrolled in the Healthy Kids program, 24 percent of Gold disenrollees and over one-half of Silver disenrollees (52%) mentioned *enrollment in another policy*. In addition, 48 percent of Gold disenrollees and 78 percent of Silver disenrollees indicated that they currently have access to health insurance for their children through their employer. These results provide further support for the idea that the Healthy Kids program is a transitional program for many participants; providing insurance for New Hampshire families until they can get back on their feet.

Also, the results suggest that the Healthy Kids program is not a chronic program. In fact, the average tenure of Gold established enrollees is slightly under six years and the average tenure of Silver established enrollees is around four-and-a-half years. Gold disenrollees were enrolled in the program for an average of just under three years and Silver disenrollees were enrolled for around two-and-a-half years prior to disenrollment. Also, only five percent of Gold established enrollees and three percent of Silver established enrollees indicated that their children were without health insurance in the 12 months prior to enrollment in the Healthy Kids program. The data indicate that the Healthy Kids program is designed to assist families who otherwise would not be able to get care by providing access to care until they are able to improve their life situation.

## **Appendix A: Graphic Presentation**

## **Appendix B: Detailed Cross-Tabulations**

### **Data Analysis**

The results presented in the cross-tabulation tables include univariate and bivariate analyses of the data. A frequency distribution for each individual item, or descriptive statistic, is shown in the “total” column.

Frequency distributions for each item included on the questionnaire are shown in the tables. In all cases, cross-tabulation results are also shown. This type of bivariate analysis examines differences between subgroups of the overall population. In cases where cross-tabulation results are presented, a chi-square test, an independent t-test for means, or a Z-test for independent percentages is shown. In most cases, a chi-square test is used where comparisons are made for categorical and ordinal variables. A t-test (or means test) is used in cases where comparisons are made for measurement variables. A Z-test is used in cases where comparisons are made between independent population percentages (i.e., multiple response options).

The purpose of these statistical tests is to determine whether or not the observed difference between sub-groups in the sample is due to sampling error or whether it is due to a real difference in the population. When the results are statistically significant, it strongly suggests that the observed difference between sub-groups is due to a real difference in the population, and not due to sampling error.

A chi-square significance level of .05 indicates significance at the 95 percent level. In other words, it is 95 percent likely that the results are due to a real difference between comparison subgroups. A chi-square significance level of .01 indicates significance at the 99 percent level. When a t-test or a Z-test is shown, lower- and upper-case letters indicate significance at the 90 and 95 percent levels, respectively.

## **Appendix C: Questionnaire Used in the Study**